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Vice President

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Harrison Parker, Sr., D.D.S.
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Michael L. Penn, Jr., M.D., Ph.D.
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David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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AGENDA

HEALTH COMMISSION MEETING

Tuesday, January 6, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF DECEMBER 16, 2003**
**Minutes of December 16, 2003*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)
Report

(3.1) **AIDS Office-HIV Research** – Request for approval to accept retroactively and expend new subcontract funds from the Public Health Foundation, Inc., in the amount of $890,187, to reduce sexual risk for HIV transmission in substance-using men who have sex with men, for the period of September 30, 2003 to September 29, 2007.
* *Calendaring request memo, Grant information form, Subcontract agreement*

(3.2) **AIDS Office-HIV Prevention** – Request for approval of a contract renewal with Bay Area Young Positives, in the amount of $55,619, to provide outreach and linkage prevention services targeting behavioral risk youth populations, for the period of January 1, 2004 through June 30, 2004.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.3) **AIDS Office-HIV Prevention** – Request for approval of a contract renewal with Mission Neighborhood Health Center, in the amount of $142,702, to provide HIV prevention services targeting defined behavioral risk populations, for the period of January 1, 2004 through December 31, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.4) **AIDS Office-HIV Prevention** – Request for approval of a retroactive contract renewal with UCSF-Stonewall Project, in the amount of $100,000, to provide HIV prevention services targeting defined behavioral risk populations, for the period of November 1, 2003 through June 30, 2004.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.5) **AIDS Office-HIV Prevention** – Request for approval of a contract renewal with UCSF-Stonewall Project, in the amount of $105,110, to provide HIV prevention services targeting defined behavioral risk populations, for the period of January 1, 2004 through December 31, 2004.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.6) **AIDS Office-HIV Health Services** – Request for approval of a retroactive sole source contract renewal with Institute for Community Health Outreach, in the amount of $66,666, to provide case management and peer advocacy services to HIV-positive Native Americans and Alaska Natives, for the period July 1, 2003 through February 29, 2004.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.7) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with Shanti Project, in the amount of $405,829, to provide practical support services targeting low income or homeless persons with HIV/AIDS in San Francisco, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.8) **BHS-Mental Health** – Request for approval of a contract modification with Horizons Unlimited of San Francisco, Inc., in the amount of $268,800 per year for a total contract value of $5,775,419, to provide mental health day treatment and outpatient services targeting Latino youth, for the period of July 1, 2003 through June 30, 2007.
** Calendaring request memo*

(3.9) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Seneca Center for Children and Families, in the amount of $2,764,030 to: 1) provide mental health residential and day treatment services targeting seriously emotionally disturbed adolescents and 2) conduct assessments and provide therapeutic behavioral services to eligible clients, birth to 21 years of age, and their families, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo, Monitoring report summary, Plan of correction, Client demographic information forms*

(3.10) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Catholic Healthcare West dba St. Mary's Hospital and Medical Center, for the provision of acute psychiatric inpatient hospital services in the amount of 1) $170,000 in City funds targeting uninsured

adolescents and 2) $4,000,000 in Medi-Cal funds for two hospital providers targeting Medi-Cal beneficiaries, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary, Plan of correction, Client demographic information forms*

(3.11) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Catholic Healthcare West dba St. Mary's Hospital and Medical Center, in the amount of $578,761 per year, for a total contract value of $2,315,044, to provide intensive day treatment mental health services, for the period of July 1, 2003 through June 30, 2007.
* *Calendaring request memo, Monitoring report summary, Client demographic information forms*

(3.12) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Catholic Healthcare West dba Saint Francis Memorial Hospital, for the provision of 24-hour adult acute psychiatric inpatient hospital services in the amount of 1) $100,000 in City funds targeting uninsured adults and 2) $4,000,000 in Medi-Cal funds for two hospital providers targeting Medi-Cal adult beneficiaries, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary, Plan of correction, Client demographic information form*

(3.13) **BHS-Substance Abuse** – Request for approval of a retroactive renewal contract with Curry Senior Services (previously know as North of Market Senior Services) in the amount of $590,419, to provide mental health and substance abuse outreach and outpatient and drop-in services, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Program monitoring comments, Monitoring report summaries, Corrective action plan, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **FOR DISCUSSION:** **JAIL HEALTH REPORT**
(Joe Goldenson, Director, Jail Health Services)
* *Report*

6) **FOR DISCUSSION:** **STD UPDATE**
(Jeffrey Klausner, M.D., Director, STD Prevention and Control Services)
* *Update*

7) **PUBLIC COMMENTS****

8) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

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American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

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The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

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Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, January 6, 2004
at
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101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, M.D., Ph.D.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Lee Ann Monfredini
Commissioner Michael Penn, M.D., Ph.D.

2) APPROVAL OF THE MINUTES OF THE MEETING OF DECEMBER 16, 2003

Action Taken: The Commission (Chow, Guy, Parker, Sanchez, Umekubo) approved the minutes of the December 16, 2003 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Umekubo chaired, and Commissioner Parker attended, the Budget Committee meeting. Commissioner Monfredini and Commissioner Penn were absent.

(3.1) **AIDS Office-HIV Research** – Request for approval to accept retroactively and expend new subcontract funds from the Public Health Foundation, Inc., in the amount of $890,187, to reduce sexual risk for HIV transmission in substance-using men who have sex with men, for the period of September 30, 2003 to September 29, 2007.

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Secretary's Note – the contract summary page incorrectly states that the source of funds is the Federal CDC. The source of funds is a one-time Board of Supervisors' add back.

Commissioner Sanchez abstained from voting on this item.

(3.5) **AIDS Office-HIV Prevention** – Request for approval of a contract renewal with UCSF-Stonewall Project, in the amount of $105,110, to provide HIV prevention services targeting defined behavioral risk populations, for the period of January 1, 2004 through December 31, 2004.

Commissioner Sanchez abstained from voting on this item.

(3.6) **AIDS Office-HIV Health Services** – Request for approval of a retroactive sole source contract renewal with Institute for Community Health Outreach, in the amount of $66,666, to provide case management and peer advocacy services to HIV-positive Native Americans and Alaska Natives, for the period July 1, 2003 through February 29, 2004.

Michelle Long Dixon, HIV Heath Services Director, stated that ICHO has completed and submitted its Policies and Procedures Manual, which includes a Quality Assurance Plan. DPH is also providing additional technical assistance to the agency through a capacity building grant.

(3.7) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with Shanti Project, in the amount of $405,829, to provide practical support services targeting low income or homeless persons with HIV/AIDS in San Francisco, for the period of July 1, 2003 through June 30, 2004.

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Commissioner Umekubo abstained from voting on this item.

(3.11) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Catholic Healthcare West dba St. Mary's Hospital and Medical Center, in the amount of $578,761 per year, for a total contract value of $2,315,044, to provide intensive day treatment mental health services, for the period of July 1, 2003 through June 30, 2007.

Commissioner Umekubo abstained from voting on this item.

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Action Taken: The Commission (Chow, Guy, Parker, Sanchez, Umekubo) approved the Budget Committee Consent Calendar. Commissioner Umekubo abstained from voting on Items 3.10 and 3.11. Commissioner Sanchez abstained from voting on Items 3.4 and 3.5.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

State Budget Update

Governor Schwarzenegger delivers the State of the State address today at 5 p.m. This speech is expected to be short and general in nature and will not contain specifics about the budget. However, details regarding how he intends to close a $14-billion deficit will be unveiled on Friday, when he is scheduled to release his 2004-2005 budget. It is expected that the heaviest cuts will fall in the area of health care and higher education, two areas that Governor Schwarzenegger targeted in mid-year cuts the Legislature declined to act on last month. According to press reports, Friday's plan will not include any tax increases but may propose increasing fees for State services.

Dr. Katz reported at the last meeting (December 16) that the Mayor's Office issued initial budget instructions for the remaining six months of FY 2003-2004 and for the development of the FY 2004-2005 budget. There has been no change in these instructions at this time. Dr. Katz will report more detail to the Health Commission regarding the State and City budget at the next meeting on January 20.

Newsom Mayoral Term Begins this Week

Mayor-elect Gavin Newsom will be sworn in on Thursday morning on the steps of City Hall. In the last week of December, Dr. Katz had the opportunity to meet with the new Mayor and to present him with a transition memo outlining the status of the San Francisco Department of Public Health. This memo focused on several key issues that are most likely to require the Mayor's attention in the early days of his administration, including the increasing demand and cost for public health services, the San Francisco General Hospital (SFGH) rebuild, the SFGH helipad, the Mental Health Rehabilitation Facility (MHRF), the Laguna Honda Hospital replacement, Housing and Homeless and Substance Abuse programs, and the Healthy Kids proposed expansion to 19 to 24 year olds. The Mayor-elect expressed his admiration of and appreciation for the local public health system and the work the Department does for San Franciscans.

The Mental Health Rehabilitation Facility Blue Ribbon Committee

The MHRF Blue Ribbon Committee began meeting in September 2003 with the following objectives:

- To review information about the mission, history, function, financing, successes and challenges of the MHRF;
- To survey existing models for providing services to persons with chronic mental health problems; and
- To determine the optimal programmatic design of the MHRF given the available services and unmet needs of persons with mental illness in San Francisco.

The MHRF Blue Ribbon Committee holds it last meeting tomorrow (January 7, 2004) and will present its recommendations to the Health Commission at the next meeting on January 20.

Commissioners' Comments

- Commissioner Chow asked Dr. Katz to give a brief overview of the San Francisco General Hospital Rebuild Steering Committee activities. Dr. Katz said that staff has been working at the Commission's direction to develop a proposal in the $500 million-$550 million range that, while not meeting all the needs, would address the seismic issues. The Steering Committee is working on a tight timeframe to present a recommendation to the Health Commission at its first meeting in March.

5) JAIL HEALTH REPORT

Joe Goldenson, Director, Jail Health Services, presented the Jail Health Report. He began by giving a brief overview of the services provided by Jail Health Services (JHS). JHS provides a comprehensive and integrated system of medical, psychiatric and substance abuse care to the residents of the San Francisco County Jail system. Outpatient services are provided in six facilities. Emergency, acute and specialty services are provided at SFGH. On average, there are more than

2,000 prisoners each day. 75-80 percent have substance abuse problems and 14 percent have significant mental health problems.

Programs

Jail Medical Services – in FY 02-03, there were 100,000 nursing visits, 17,000 clinician visits and 6,000 dental visits. There were also 130,000 prescriptions filled and 1,800 x-rays performed.

Jail Psychiatric Services – in FY 02-03, 20 percent of the jail population on any given day received mental health care. There were 5,000 mental health evaluations, 2,000 psychiatric visits for patients who require psychotropic medications, 500 substance abuse assessments and referrals and 10,000 post-release case management and community placement contacts.

Forensic AIDS Project – provided 2,100 HIV tests as of the 3rd quarter of 2003. Provided early intervention services to 600 unduplicated patients per year. Performed 703 hepatitis C tests from January to November 2003, and provided approximate 100 hepatitis B vaccines per month.

Infectious Diseases – 10,000 tuberculin tests applied and 7,000 read. There were no new cases of active tuberculosis identified this year. 2,500 tests for chlamydia and gonorrhea were performed. 139 chlamydia cases were identified, and 85% treated. 31 gonorrhea cases were identified, and 94% treated.

Challenges – FY 03-04 Budget

- $4 million reduction
- 34 positions eliminated (22 nursing positions, 12 miscellaneous positions). This has resulted in a reduction in levels of nursing coverage, over the counter medications not being provided, and patients with acute, self-limited problems such as colds not being seen. Further, patients with diabetes are not eligible for programs at CJ #7 (although this is a temporary problem that will be solved by the opening of a new facility at the San Bruno Jail), and discharge planning services have been reduced.
- Projected deficit of $2.1 million
- Structural issues such as overtime, nursing salary savings, fringe benefits and workers compensation.

Jo Robinson provided the Commission with an update on the Mentally Ill Offender Crime Reduction Grants. San Francisco received two grants: MIO I – Forensic Support Services; and MIO II – Connections.

For MIO I, San Francisco received $5 million to do a high risk model that focused on MIOs at risk for going to State prison. This model provided jail-based psychiatric assessment, treatment and release planning, intensive case management, a specialized probation officer, clinical consultation to the courts and education to community treatment providers. For MIO II, San Francisco received $3.5 million. This program targeted MIOs released from jail as part of the SFSD Supervised Misdemeanor Release Program or the Supervised Pretrial Release Program. Participants were provided temporary housing, case management and community-based treatment, and clients were connected to appropriate community resources.

Ms. Robinson showed the Commission a video that was done give a face to the people who are part of the two grant programs. The interviews were unscripted—staff visited the clinic unannounced and people agreed to be interviewed.

JHS has preliminary data on the impact of these two programs. The MIO crime reduction grants clearly achieved the statewide objectives to reduce jail time. Locally, for MIO I, the treatment as usual group has a 37% higher arrest rate for new charged than the group receiving services. Arrests for violent offenses were significantly less for people receiving forensic support services than for those people in the treatment as usual comparison group.

Ms. Robinson presented the demographics of the inmates who participated in both programs. She said the outcome of these efforts have been improved relationships, the Behavioral Health Court, which began in November 2002 and has 75 clients, and UCSF's Forensic Case Management.

Commissioners' Comments

- Commissioner Guy asked how many people have been through the grant programs. Ms. Robinson said in the MIO I program, there were 125 in the FFS portion and 125 in the control portion. For the MIO II grant, there were a little more than 120 participants.

- Commissioner Chow asked if, since the grants are showing such positive results, is there the intent to institutionalize these programs. Ms. Robinson said that it is included in the base budget next year, and there is a movement within the Sheriff's Association to have the State continue this program. Dr. Katz said that it should be in the Sheriff's budget, since the savings are achieved in the Sheriff's budget. Ms. Robinson added that the Police Department should be involved as well as they are a partner.

- Commissioner Guy asked how much has been added to the base budget for this program. Ms. Robinson replied that it was slightly less than $800,000.

- Commissioner Sanchez said that the pilot has demonstrated that this type of program works. In the era of state budget reductions, it is these types of successful, collaborative programs that stand out.

- Commissioner Umekubo said that the mandate that various agencies communicate and work together has achieved great successes.

- Commissioner Guy suggested working with the State Legislature and the Board of Supervisors to affirmatively communicate the importance of Jail Health Services and ensure that these services are adequately funded so that we do not have to continue to take money from other important services to cover the structural shortfalls.

- Commissioner Chow asked how it is determined that an inmate is indigent therefore does not need to pay for certain items in the commissary. Dr. Goldenson said the commissary runs the program, and JHS only had to add the free products to the commissary's list. Dr. Katz asked Dr. Goldenson how our services compare to other county jail systems. Dr. Goldenson said that, even with the cuts, San Francisco's level and quality of services are much higher than other counties.

6) STD UPDATE

Jeffrey Klausner, M.D., Director, STD Prevention and Control Services, presented the STD Program's response to the increases in syphilis in San Francisco. Factors associated with increased syphilis in San Francisco include: men who have sex with men; HIV infection/HAART; changing attitudes of HIV positivity; increased number of sex partners; increased proportion with multiple partners; methamphetamine use; Viagra use; and Internet use.

The public health response has been to reduce infectiousness and risk.

- Enhanced surveillance – quarterly blinded syphilis testing at anonymous HIV testing sites; monthly review of syphilis tests at clinics, hospitals, emergency rooms, jails; weekly case review; neurosyphilis case review
- Expanded clinical and lab services – City Clinic prioritizes cases and persons exposed to syphilis; community prevention center (MAGNET); private hospital screening; online testing service at www.stdtest.org; UCSF PHP-West 18th and Folsom site; sex club screening
- Health provider education – grand rounds, noon conferences; mailings, education packets, website; provision of benzathine penicillin G; strong encouragement of prophylactic treatment; provider visits
- Community health promotion – coalition development; venue notification and outreach; social marketing; Internet
- Patient-delivered Epidemiologic treatment – Azithromycin, distributed by syphilis patients to partners and friends. This utilizes natural sexual-social network.
- Address select risk factors
    - Reduce methamphetamine use
    - Educate Viagra users
    - Use Internet for health promotion
- Public health evaluation

Dr. Klausner gave various statistics about syphilis tests by site, proportion tested for syphilis by HIV status, proportion tested for syphilis by number of sex partners and syphilis cases by quarter, January 1999 through December 2003. He also acknowledged the various partners in this effort.

Commissioners' Comments

- Commissioner Chow is pleased that the trend is moving in the positive direction. He asked how many tests are being done through the on-line testing service. Dr. Klausner said that approximately 500 people visit the site each week, with up to 10 people taking the form to get tested.

- Commissioner Guy asked what factors might be leading to the decline in cases. Dr. Klausner said the widespread adoption of syphilis screening and other STD screening among the at-risk population is one factor. At the beginning of the epidemic, this was not the case. Now, there is screening, testing and treatment.

- Commissioner Chow asked if there is any concern about allergic reactions to Azithromycin. Dr. Klausner said the antibiotic is very safe. The concern has been that there would be syphilis strains that are resistant to Azithromycin. This has happened, although there has been no sign of strains resistant to penicillin.

- Commissioner Umekubo asked what the state of the art is around syphilis detection. Dr. Klausner said the City Clinic is a state-designated training center for syphilis detection. They can make an on-site diagnosis of syphilis. Commissioner Umekubo asked if there has been a noticeable increase in hits to the website. Dr. Klausner replied that there has been a significant increase in visits to the new site. They are currently trying to ascertain the impact of the website in getting people to visit the clinic.

- Commissioner Parker said the STD program is doing a great job increasing accessibility to and availability of treatment. He asked how long it will take to evaluate whether the campaign to educate people who use chat rooms about syphilis is working. Dr. Klausner said that they continue to work with various sites that are frequented by MSMs but it is a challenge, as most Internet companies are not interested in having syphilis information on their sight.

- Commissioner Guy congratulated the STD program for working with a community coalition. Dr. Klausner and Wendy Wolf have provided the PHP JCC with continued updates on the epidemic.

- Commissioner Chow thanked Dr. Klausner for persevering with this effort during years of much controversy. This program is a fine example of public health.

7) PUBLIC COMMENTS

None.

8) ADJOURNMENT

The meeting was adjourned at 5:10 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
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(Address Correction Requested)

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THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF JANUARY 6, 2004**
**Minutes of January 6, 2004*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)
Report

(3.1) **CHN/SFGH-Nursing Operations** – Request for approval of contract modification with the following firms: HRN Services, Inc., Medical Staffing Network, Inc., Medstaff, Inc., Nurse Providers, Inc. and United Nursing International, to increase the combined contract amount by $1,350,000, from $1,350,000 to $2,700,000, to provide supplemental, temporary per diem and traveling nursing personnel services to San Francisco General Hospital, for the period of September 1, 2003 through June 30, 2004.
** Calendaring request memo, Vendor rate pages*

(3.2) **CHN-Primary Care-Tom Waddell Health Center** – Request for approval to retroactively accept and to expend new subcontract funds from the Tenderloin AIDS Resource Center, in the amount of $597,710, for early intervention outpatient services to homeless persons at risk of or infected with HIV disease, for the period of September 30, 2003 to March 31, 2007.
* *Calendaring request memo, Budget pages, Grant information form, Memorandum of Agreement*

(3.3) **CHP-Maternal and Child Health** – Request for approval to accept and expend funds from the California Department of Health Services, in the amount of $99,918, for nutrition education in community settings to low-income families in San Francisco, for the period of January 1, 2004 to September 30, 2004.
* *Calendaring request memo, Proposed budget, Grant Information form*

(3.4) **CHPP-Immigrant Services** – Request for approval of a new contract with Bay Area Community Resources, in the amount of $60,374, to provide outreach and health education services targeting Russian-speaking refugees, asylees and immigrants, for the period of January 1, 2004 through December 31, 2004.
* *Calendaring request memo*

(3.5) **AIDS Office-HIV Prevention** – Request for approval of a retroactive sole source contract renewal with PHFE Management Solutions, in the amount of $193,181, to provide staffing for the final phase of the Zimbabwe HIV Prevention Trials Network protocol 015 (Explore) study, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary*

(3.6) **AIDS Office-HIV Prevention** – Request for approval of a retroactive sole source contract renewal with PHFE Management Solutions, in the amount of $180,118, to provide staffing for the HIV Vaccine Trials Network Leadership Group study, for the period of August 1, 2003 through July 30, 2004.
* *Calendaring request memo, Monitoring report summary*

(3.7) **AIDS Office-HIV Prevention** – Request for approval of a contract renewal with UCSF/ Urban Health Study, in the amount of $272,759, to provide HIV prevention services targeting defined behavioral risk populations, for the period of January 1, 2004 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary and vendor response, Client demographic information form*

(3.8) **AIDS Office-HIV Prevention** – Request for approval of a contract renewal with Walden House, Inc., in the amount of $137,629, to provide HIV prevention education services targeting high-risk populations, for the period of January 1, 2004 through December 31, 2004.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.9) **BHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with the Regents of the University of California-AIDS Health Project, in the amount of $683,962, to provide mental health and substance abuse services targeting clients with AIDS/HIV disease or disabling HIV disease who are low income and uninsured or underinsured, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summaries, Response memo, Plans of Correction, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JANUARY**
**List of Awardees*

6) **FOR ACTION:** **ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION FOR 2004**

7) **FOR DISCUSSION AND ACTION:** **PRESENTATION OF THE MENTAL HEALTH REHABILITATION FACILITY BLUE RIBBON COMMITTEE REPORT AND CONSIDERATION OF A RESOLUTION SUPPORTING THE BLUE RIBBON COMMITTEE RECOMMENDATION**
(Mitchell H. Katz, M.D., Director of Health)
** Report and Resolution*

8) **PUBLIC COMMENT****

9) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Approval of a settlement in the amount of $80,000 in the Sofia Rillanos vs. City and County of San Francisco, Superior Court File #418598, City Attorney File #031508

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy
Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance.

The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance
The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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Web Site: http://www.dph.sf.ca.us

MINUTES

/04

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

FEB - 3 2004

SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, January 20, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

President Chow called the meeting to order at 3:15 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Michael Penn, M.D., Ph.D.
Commissioner David J. Sanchez, Ph.D.

Absent: Commissioner Harrison Parker, Sr., D.D.S.
Commissioner John I. Umekubo, M.D.

Commissioner Chow announced that the Commission's hearing on the proposed FY 2004-2005 budget will be on Thursday, February 5th at City Hall at 3:00 p.m.

2) APPROVAL OF THE MINUTES OF THE MEETING OF JANUARY 6, 2004

Action Taken: The Commission (Chow, Guy, Monfredini, Penn, Sanchez) approved the minutes of the January 6, 2004 meeting with one correction. Commissioner Penn was absent at that meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Penn attended, the Budget Committee meeting. Commissioner Umekubo was absent.

(3.1) **CHN/SFGH-Nursing Operations** – Request for approval of contract modification with the following firms: HRN Services, Inc., Medical Staffing Network, Inc., Medstaff, Inc., Nurse Providers, Inc. and United Nursing International, to increase the combined contract amount by $1,350,000, from $1,350,000 to $2,700,000, to provide supplemental, temporary per diem and traveling nursing personnel services to San Francisco General Hospital, for the period of September 1, 2003 through June 30, 2004.

At the request of the Commission, staff provided hourly wage comparisons between traveling nurses and staff nurses. The traveler's base is $64 per hour. DPH RN is $37.25 per hour wage, and $46.56 per hour when benefits are included.

(3.2) **CHN-Primary Care-Tom Waddell Health Center** – Request for approval to retroactively accept and to expend new subcontract funds from the Tenderloin AIDS Resource Center, in the amount of $597,710, for early intervention outpatient services to homeless persons at risk of or infected with HIV disease, for the period of September 30, 2003 to March 31, 2007.

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Commissioners' Comments

- Commissioner Monfredini requested an outcome evaluation report to the Population Health and Prevention Joint Conference Committee.

(3.4) **CHPP-Immigrant Services** – Request for approval of a new contract with Bay Area Community Resources, in the amount of $60,374, to provide outreach and health education services targeting Russian-speaking refugees, asylees and immigrants, for the period of January 1, 2004 through December 31, 2004.

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(3.7) **AIDS Office-HIV Prevention** – Request for approval of a contract renewal with UCSF/ Urban Health Study, in the amount of $272,759, to provide HIV prevention services targeting defined behavioral risk populations, for the period of January 1, 2004 through June 30, 2004.

Commissioners' Comments

- Commissioners Monfredini and Penn reiterated the importance of getting the data to DPH.

Commissioner Sanchez abstained from voting on this item.

(3.8) **AIDS Office-HIV Prevention** – Request for approval of a contract renewal with Walden House, Inc., in the amount of $137,629, to provide HIV prevention education services targeting high-risk populations, for the period of January 1, 2004 through December 31, 2004.

Commissioners' Comments

- Commissioner Monfredini congratulated the staff for a commendable program.

- Commissioner Penn asked if the agency has found an auditor. Don Frasier of Walden House said that Deloitte decided to continue to perform the agency's audit.

(3.9) **BHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with the Regents of the University of California-AIDS Health Project, in the amount of $683,962, to provide mental health and substance abuse services targeting clients with AIDS/HIV disease or disabling HIV disease who are low income and uninsured or underinsured, for the period of July 1, 2003 through June 30, 2004.

- Commissioner Penn stated that is it difficult when reviewing contracts to see two-year-old monitoring reports. Linda Wang said that one of the goals of the integrated Behavioral Health system is to get the monitoring reports done in a more timely manner, rather than reviewing two-year old reports when the contracts are considered for approval.

- Commissioner Monfredini thanked Ms. Rinaldi for her attention to detail over the years.

Commissioner Sanchez abstained from voting on this item.

Action Taken: The Commission (Chow, Guy, Monfredini, Penn, Sanchez) approved the Budget Committee Consent Calendar, with Commissioner Sanchez abstaining from voting on Item 3.7 and Item 3.9.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

State Budget

Governor Schwarzenegger announced his proposed budget on Friday, January 9th. The State's $26 billion budget deficit reflects a $9 billion year-end deficit in FY 2002-2003, a current year (FY 2003-2004) shortfall of $3 billion, and a budget year (FY 2004-2005) shortfall of $14 billion. The Governor's proposed solution to close the budget gap relies mostly on borrowing ($12 billion) and reductions in program spending ($11 billion). A combination of fund shifts, debt service savings, transfers, and other revenues are used to close the remaining $3 billion gap.

As expected, there are a number of proposals that would, if enacted, have a significant effect on the Department. The majority of the health reduction proposals, which total $880 million, are the same as those proposed by Governor Davis as mid-year reductions in the last fiscal year and would primarily impact Medi-Cal. Preliminary estimates of the Governor's proposed reductions show that they could reduce DPH revenues by approximately $4.4 million. These proposals include:

- A 10 percent Medi-Cal provider rate reduction (in addition to the 5 percent reduction made in the Budget Act of 2003);
- Altering the Medi-Cal prospective payment system rate setting methodology for federally qualified health centers (FQHCs);
- Capping enrollment in the AIDS Drug Assistance Program (ADAP);
- Eliminating the Children's System of Care mental health program; and
- Capping enrollment in the Healthy Families and California Children's Services (CCS) Programs.

The Governor's proposed budget also included vague language about his intentions to restructure both the Medi-Cal program and programs serving immigrants to realize budget savings in future years.

As you know, this is merely the starting point for the State's 2004-05 budget. The Legislature will soon begin introducing budget bills and will hold preliminary budget hearings. In May, the Governor will introduce his revised budget proposal (the May Revise), which will contain more sound income figures based upon April income tax revenues.

Literacy for Environmental Justice Launches its' Pilot Good Neighbor Partnership

On December 19th, Youth Envision, a project of Literacy for Environmental Justice, launched its pilot Good Neighbor partnership with Super Save in the Bay View. As one of the Tobacco Free Project's Community Capacity Building Projects, Youth Envision focuses on improving access to healthy food in existing corner stores, the primary food resource in the neighborhood. They mounted the "Good Neighbor" campaign to encourage corner stores to replace tobacco, alcohol and tobacco subsidiary food products with fresh and healthier food alternatives in exchange for campaigns to promote community patronage. Youth Envision held a press conference at Super Save and is working with Supervisor Sophie Maxwell on a Good Neighbor task force to sustain the effort. The press event was covered by the Bay Guardian, Independent, and KPFA.

Dr. "Dan" Wlodarczyk Receives Community Service Award

St. Paul of the Shipwreck Catholic Church hosted its 19th Annual Dr. Martin Luther King Solidarity Mass last Sunday with the theme "Be...The Dream." After the mass, Community Service Awards were presented to Supervisor Sophie Maxwell and Dr. Daniel Wlodarczyk, Acting Medical Director of Southeast Health Center. Supervisor Maxwell and Dr. Wlodarczyk received this honor in recognition of their work in the community that reflects the spirit of Dr. Martin Luther King.

COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL
CREDENTIALS REPORT

December 2003
Health Commission – Director of Health Report
(From 12/08/03 MEC and 12/16/03 JCC)

	12/03	7/03 to 12/03
New Appointments	8	89
Reinstatements		1
Reappointments	24	158
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	13	70
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	2	69
Voluntary Relinquishments	0	1
Proctorship Completed	27	67
Current Statistics – as of 12/1/03		
Active Staff		428
Affiliate Professionals (non-physicians)		170
Courtesy Staff		524
Total Members		**1,122**
Applications In Process	13	
Applications Withdrawn Month of Jan 2003	2	8(07/03 to 12/03)
SFGH Reappointments in Process Def 2003 to Mar 2004	217	

Commissioners' Comments

- Commissioner Chow asked if the Governor backfilled the VLF loss to local governments. Gregg Sass said Governor Schwarzenegger did use emergency powers to restore the reduced VLF. However, the Governor's budget proposal includes a $1.3 billion take back of local property tax revenues that would otherwise go to cities.

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JANUARY**

Commissioner Chow presented the January Employee Recognition Awards.

Individual Awardees	*Division*	*Nominated by*
Lorraine Anderson	Population Health and Prevention - Environmental Health Section	Ken Sato, Principal Environ. Health Inspector

Team Awardees	*Division*	*Nominated by*
Emergency: Evacuation Floor Team Leaders	Population Health and Prevention -	Shawn R. Holle, Safety Analyst
Pam Axelson Norma Baldeviso Ishmael Bihl Richard Bitanga Robin Buckley Jeffrey Burton Tamara Davidson Karen Heckman Robert Longhitano Carlos Quintanilla Ernest Wong	Disease Control, Microbiology Lab, Immunization, Facilities, Contracts, CHS Fiscal, OSH and MIS	

6) **ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION FOR 2004**

Action Taken: The Commission (Chow, Guy, Monfredini, Penn, Sanchez) voted to continue the Election of Officers to the next Health Commission meeting.

7) **PRESENTATION OF THE MENTAL HEALTH REHABILITATION FACILITY BLUE RIBBON COMMITTEE REPORT AND CONSIDERATION OF A RESOLUTION SUPPORTING THE BLUE RIBBON COMMITTEE RECOMMENDATION**

Mitchell H. Katz, M.D., Director of Health, presented the Mental Health Rehabilitation Facility (MHRF) Blue Ribbon Committee Report.

The MHRF Blue Ribbon Committee was created by Mayor Brown in September 2003 as a result of an agreement the unions made with the City to pick up employee retirement contributions and defer pay raises to keep the MHRF open as a skilled nursing facility for one year. The committee was charged with:

- Determining the future of the MHRF beyond 03-04 and determining the optimal programmatic design for the facility given available services and unmet needs;
- Reviewing information about the mission, history, function, financing, successes and challenges of the MHRF;

- Surveying existing models for providing services to persons with chronic mental health problems;
- Holding meetings run by consensus building process

The Committee was chaired by the Director of Health and included representatives from unions, academia, DPH staff, Family and Friends of the MHRF, administrators from other mental health facilities and that Department of Aging and Adult services. The committee held nine public hearings, received presentations, assessed pros and cons of various models of care, took public comment and met separately with union representatives and Friends and Family.

The first recommendation is to create a hybrid model with different levels of care on each floor. The 3rd floor would be a Mental Health Rehabilitation Center with a psychosocial rehabilitation focus rather than a medical/nursing model. The 2nd floor would be a Skilled Nursing Facility and maintain care for current MHRF geriatric, non-ambulatory and neurobehavioral patients. Staffing would be similar to existing staffing at the MHRF. The 1st floor would be a 27-bed Residential Care Facility and a 14-bed Residential Treatment Facility with day treatment. There would be less restrictive care for patients who have difficulty getting admitted to existing DPH contracted facilities.

This model meets the clinical needs of complex medical and psychiatric patients, provides treatment and housing options for those that need less restrictive care and provides easier transitions between levels of care.

The second recommendation is to establish a transition team to evaluate and implement changes to the MHRF. This would include community and institutional mental health providers, union representatives and Family and Friends of the MHRF.

With regard to the budget, the current MHRF model requires $13.3 million in General Fund subsidy. The proposed model would require an $11.1 million General Fund subsidy.

Dr. Katz asked the Blue Ribbon Committee members who were present at the Commission meeting to address the Commission.

Melanie Myers, SEIU 250 – this proposal is a compromise that she voted for. It provides more services than the original proposal and keep patients in San Francisco. This proposal will improve the flow of patients at the MHRF and make transition into the community easier. The model is not perfect and she is pleased that there will be a transitional work group.

John Nickens, Progress Foundation – the hybrid proposal represents the next best effort what this facility can do for the people of San Francisco. It provides for fluidity in treatment. It may not be the final step, but it is the next step. He and Progress Foundation are committed to providing assistance to the Department during the transition of the new model.

Linda Chafetz, Professor at UCSF School of Nursing – The process was sensitive to all stakeholders. MHRF employees worked with Friends and Family representatives to bring forward thoughtful proposals. This is a good compromise.

Jenny Hua, IFPTE Local 21 – she supported the model because it fosters hope for the clients. It will help them safely transition to different levels of care. She emphasized the need for staff training.

Piers Mackenzie, Family and Friends of the MHRF – Family and Friends of the MHRF voted by a narrow majority to support the hybrid model. They have a number of concerns about the affect of conversion of the first floor, and change in the MHRF's mission. However, they feel the proposed model is a good compromise. Friends and Family are happy to have a place on the transition team.

Philippa Rutgaizer, RN at the MHRF and SEIU representative – she is pleased with the process and hopes that licensure is successful so that the facility can continue to provide these services to the residents of San Francisco.

Public Comment

- Jennifer Baity Carlin, dual diagnosis specialist at the MHRF and SEIU member. She opposed last year's proposal, and is pleased to be able to support the hybrid model. While it is not the perfect solution, it is a good compromise. The need is there for all levels of care, but there are budget constraints. Staff training is essential.

- Kimberly Tavaglione, SEUI Local 250, said this was a compromise decision if money were no object, there would be levels of care for all who need it. But this is not an option. The members are committed to making this model successful. If it is not successful, the unions will let the Commission know.

- Ed Warshauer, SEIU Local 790, said that the proposed model is a far better model than what was proposed last year. SEIU 790 is committed to working with the Department to make this work. One of the key components of the resolution is the monitoring group. He told the committee that there would be a mental health initiative on the November 2004 ballot that would generate additional funds. If this is the case, he would like the opportunity to reexamine the MHRF to possibly revert it back to a SNF.

- Brian Green, conservator for his sister who is a resident at the MHRF, said that the MHRF was a unique facility with a vision and purpose that have been dropped in this process. The original vision was never implemented. There has been gross mismanagement. This is a much better model than last year's proposals. And there is no programmatic design. He submitted copies of patient complaints for the public record.

- Criss Romero, IFPTE Local 21, said that Local 21 had two representatives on the Blue Ribbon Committee and represents seven or eight staff at the MHRF. The union would likely request a meet and confer with the Director of Health to discuss position cuts and impact of Local 21 membership.

Dr. Katz clarified that though there were a number of union representatives on the Blue Ribbon Committee, DPH will still have to go through the meet and confer process with all of the affected unions.

Commissioners' Comments

- Commissioner Sanchez thanked everyone for his or her comments, particularly given the acrimonious debate over losing this quality of care during last year's budget discussions. The compromise is the result of good work by DPH staff, union members, advocates, and others and he is happy to support it.

- Commissioner Guy supports the compromise, as well as the need to have a transition work group. She also understands the reality that the budget position still has not improved. She asked if there is enough time to get appropriate licensure. Dr. Katz said he believes we could get licensed by July 1. What is unusual about this proposal is that there are four types of care under one roof, which has never been done before. But there is no reason why it cannot be done. The fact that this is a consensus proposal will help with both regulatory and financial challenges. Commissioner Guy appreciates that Friends and Family were and will continue to be involved.

- Commissioner Penn said it is difficult to achieve consensus and he is impressed with the product. He is impressed with the fluidity of the model, and that patients can tangibly see other patients moving safely through the system. He asked if there are any comparable models. Dr. Katz said San Mateo had a similar model—it eliminated a portion of their SNF and added a residential component. Commissioner Penn said there should be a formal process for the monitoring committee so there can be continued accountability as the model moves forward. He asked the top three concerns about the new model. Dr. Katz said the licensure process, ensuring that the Mayor and Board of Supervisors does not tinker with the consensus model and the meet and confer process. His thought is that the transition team would meet in April or May. Commissioner Penn asked who is in charge of the MHRF. Dr. Katz said it ultimately reports to Gene O'Connell, as the SNF is on the hospital's license.

- Commissioner Chow asked that the SFGH JCC monitor the transition and implementation of the new model. While the proposed model may not meet all needs, it does lead to treatment fluidity—and perhaps a better patient care—as well as cost savings.

- Commissioner Monfredini said that it is wonderful to have this option available, as the original proposal was not anything the Commission wanted to accept.

Action Taken: The Commission (Chow, Guy, Monfredini, Penn, Sanchez) approved Resolution #1-04, "Accepting the Recommendations of the Mental Health Rehabilitation Facility ((MHRF) Blue Ribbon Committee and Authorizing that the Changes in MHRF Staffing be Submitted for the Department of Public Health 2004-05 Budget and that Changes in MHRF Licensure be Pursued," (Attachment A).

8) PUBLIC COMMENT

None.

9) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Chow, Guy, Monfredini, Penn, Sanchez) voted to hold a closed session. The Commission went into closed session at 4:55 p.m. Present in closed session were the Commissioners, Dr. Mitch Katz, Larry Funk, Norm Nickens, Deputy City Attorney Sallie Gibson and Michele Olson.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Approval of a settlement in the amount of $80,000 in the Sofia Rillanos vs. City and County of San Francisco, Superior Court File #418598, City Attorney File #031508

Action Taken: The Commission (Chow, Guy, Monfredini, Penn, Sanchez), voted to approve a settlement in the amount of $80,000 in the Sofia Rillanos vs. City and County of San Francisco.

D) Reconvene in Open Session

The Commission reconvened in open session at 5:15 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Monfredini, Penn, Sanchez) voted not to disclose discussions held in closed session.

10) ADJOURNMENT

The meeting was adjourned at 5:15 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 01-04

ACCEPTING THE RECOMMENDATIONS OF THE MENTAL HEALTH REHABILITATION FACILITY (MHRF) BLUE RIBBON COMMITTEE AND AUTHORIZING THAT THE CHANGES IN MHRF STAFFING BE SUBMITTED FOR THE DEPARTMENT OF PUBLIC HEALTH 2004-05 BUDGET AND THAT CHANGES IN MHRF LICENSURE BE PURSUED

WHEREAS, the Mental Health Rehabilitation Facility (MHRF) was licensed as a 147 bed Distinct-Part Skilled Nursing Facility (SNF) under the San Francisco General Hospital since 1996 to provide diagnostic evaluation and treatment services for residents with severe and persistent mental illness that do not meet criteria for acute hospitalization but have complicated behavioral and medical issues; and,

WHEREAS, the Department had proposed for FY 2003-04 the reprogramming of the MHRF from a SNF into an Adult Residential Facility (ARF) for persons with mental illness in order to respond to the worst financial crisis the City has experienced in ten years; and,

WHEREAS, the reprogramming of the MHRF to an ARF would have provided much needed housing for persons with mental illness, including persons who were at the MHRF awaiting this level of care, but would have also required transferring patients out of the MHRF to out-of-county facilities who require treatment at the SNF level; and,

WHEREAS, the MHRF was able to remain open as a SNF for one additional year (FY 2003-04) due to the generosity of the Department's unionized staff, who gave up salary increases and picked up their employee retirement contribution in order to bridge the difference between the cost of running the MHRF as a SNF, compared to the cost of running the MHRF as an ARF; and,

WHEREAS, the Mayor charged a Blue Ribbon Committee in September of 2003 to determine the future of the MHRF beyond FY 2003-04 and the optimal programmatic design of the MHRF, given the available services and unmet needs of persons with mental illness in San Francisco; and,

WHEREAS, a Committee representing unionized staff, Friends and Family of the MHRF, mental health experts from community and institutional programs in San Francisco and other counties, the Department of Aging and Adult Services and academia, met nine times over the course of four and a half months to review information about the mission, history, functions, financing, successes, and challenges of the MHRF; and surveyed existing models for providing services to persons with chronic mental health problems; and,

WHEREAS, the Committee listened to presentations from 12 mental health experts and over 67 public comments from MHRF staff, MHRF patients and their families, advocacy groups, and union representatives; and,

WHEREAS, the Committee came to consensus and recommends that the MHRF provide multiple levels of care, adding to skilled nursing a mental health rehabilitation center, a residential care facility and a residential treatment facility that offers day treatment in order to: 1) meet the clinical needs of

complex psychiatric and medical patients, 2) provide treatment and housing options for patients needing less restrictive care, and 3) provide a continuum of care with easier transitions for clients to progress or return from one level of care to the next; and,

WHEREAS, the Committee proposes that the third floor with 47 beds would be licensed as a mental health rehabilitation center by the California Department of Mental Health and would focus on psychosocial rehabilitation of clients with severe and persistent mental illness and allow for seclusion and restraint, if needed, to address behaviorally complex patients; and,

WHEREAS, the second floor with 59 beds would maintain licensure as a distinct-part skilled nursing facility regulated by the California Department of Health Services that would continue to provide care for residents with complex medical needs, including geriatric and neurobehavioral patients; and,

WHEREAS, the first floor would have 27 beds of residential care licensed by the California Department of Social Services for patients ready to transition to community housing and 14 beds for residential and day treatment to be offered to clients that need counseling and a more structured therapeutic environment; and,

WHEREAS, the Committee also recommends a transition team that includes unionized staff, Friends and Family of the MHRF, and community and institutional mental health program administrators to assist in implementing and evaluating the conversion of the MHRF; and,

WHEREAS, the proposed model responds to the City's budget constraints and reduces the General Fund by approximately $2 million; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco accepts the recommendations of the Mental Health Rehabilitation Facility Blue Ribbon Committee; and, be it

FURTHER RESOLVED, that the changes in MHRF staffing be submitted for the Department of Public Health 2004-05 budget and that changes in MHRF licensure be pursued; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission urges hospitals to include as part of their charity care policies, an appeals process that specifies the steps that are taken both by the patient and internally within the hospital, when a charity care applicant disputes a determination of ineligibility for charity care.

I hereby certify that the San Francisco Health Commission at its meeting of January 20, 2004 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
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HEALTH COMMISSION

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Gavin C. Newsom, Mayor

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Web Site: http://www.dph.sf.ca.us

AGENDA

SPECIAL HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

JAN 26 2004

SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, January 27, 2004*
at
3:00 p.m.
Ingleside Community Center
1345 Ocean Avenue (at Plymouth)
San Francisco, CA 94112

PLEASE NOTE THE CHANGE IN TIME AND LOCATION

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) CALL TO ORDER

2) FOR DISCUSSION: OVERVIEW OF DISTRICT DEMOGRAPHICS AND DEPARTMENT OF PUBLIC HEALTH SERVICES TO THE OCEAN-MERCED-INGLESIDE (OMI) AND EXELSIOR

3) PUBLIC TESTIMONY ON THE HEALTH NEEDS OF THE OMI AND EXCELSIOR COMMUNITIES

4) PUBLIC COMMENT**

5) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

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San Francisco Department of Public Health

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Minutes of the Special Health Commission Meeting

Tuesday, January 27, 2004
at 4:00 p.m.
Ingleside Community Center
1345 Ocean Avenue (at Plymouth)
San Francisco, CA 94112

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1) CALL TO ORDER

President Chow called the meeting to order at 4:20 p.m.

Present:

- Commissioner Edward A. Chow, M.D., President
- Commissioner Roma P. Guy, M.S.W., Vice President
- Commissioner Lee Ann Monfredini – left at 6:00 p.m.
- Commissioner Harrison Parker, Sr., D.D.S.
- Commissioner Michael Penn, M.D., Ph.D.
- Commissioner David J. Sanchez, Ph.D.
- Commissioner John I. Umekubo, M.D.

2) OVERVIEW OF DISTRICT DEMOGRAPHICS AND DEPARTMENT OF PUBLIC HEALTH SERVICES TO THE OCEAN-MERCED-INGLESIDE (OMI) AND EXCELSIOR

Jim Soos, DPH Policy and Planning, gave an overview of the District 11 demographics and health data (Attachment A). This analysis is based on data from the 94112 zip code, which encompasses the majority of District 11. The presentation also included a summary of the DPH programs that serve the OMI and Excelsior communities. Mr. Soos had two corrections: the OMI Family Center is not a contact program; and the AIDS Office does not have a contract with OMI Family Center. Mr. Soos, other DPH staff and community members added other neighborhood serving programs to this list:

- Hip Hop to Health Clinic
- AIDS Office funds prevention services at City College and the Balboa Teen Center
- Silver Avenue Clinic (while not in District 11, it serves many residents)
- Laguna Honda Hospital Adult Day Health Center outreaches to the OMI and has vans that transport people from the neighborhood to the program
- African American Health Initiative encompasses OMI, and has a number of programs in the area,
  - The Nia Ujima OMI Wellness Center on Randolph Street, which is a collaborative with the Ocean Park Health Center and the nurse-managed clinic and focuses on diabetes and heart disease for people 18 years and older.
  - Prostate Outreach and Breast Cancer Outreach

Community members at the meeting expressed concern and disappointment that the other zip codes that are part of the OMI, specifically 94132 and 94127, were not included in the analysis. Commissioner Penn asked that staff culminate the same demographics for these two zip codes.

3) PUBLIC TESTIMONY ON THE HEALTH NEEDS OF THE OMI AND EXCELSIOR COMMUNITIES

Public Comment

- Nyree Monroe, Executive Director, I.T. Bookman Community Center, said the 94132 zip code has a large number of children. The Hip Hop to Health Clinic is located between two schools and provides much-needed services, including immunizations. The clinic is open one day a week. She said the Hip Hop Clinic is never on the radar screen, and she and others have to constantly fight to maintain the clinic. There are not enough services in the OMI and when staff makes referrals, they are to services outside of the district. In response to a question from Commissioner Chow, Ms. Monroe said that they serve approximately 10 clients a day at the clinic. There is both a scheduled clinic and a drop-in clinic.
- Reverend Terry McGray Hill, Pastor, Wright Chapel AME Church, said that a number of organizations in the OMI need places to refer people to, and there are not enough services in the community. The OMI Family Center only serves the most severe cases. There are no outpatient services. AACHIE and the Seven Principles Project do work with the community and faith-based organizations, but there are not enough services. She also pointed out that if the 94132 zip code were included in the District demographic analysis, the African American representation would increase dramatically.
- Agnes Morton, OMI Community Action Organization and SNIG, said the department needs to make sure that 94132 is included in any analysis of the OMI community because community members work hard to make sure this neighborhood is not considered an appendage. OMI has long been underserved and in some instances downright neglected by city services. It is the only community without a primary care clinic. DPH should not expect OMI residents to travel to Ocean Park for their health care. Further, the Ocean Park clinic is not culturally competent for African Americans. There are many seniors in the neighborhood in need of health services, chronic disease management and transportation. The Hip Hop Clinic has a cardiovascular disease prevention program. Ms. Morton thanked the Commission for the African American Health Initiative. The community has never received funding from Community Substance Abuse Services, even though there has been a problem for years. Also, there needs to be evening hours for food pantries and clinics. Residents work during the day.
- Farah Dews, AACHIE's Community Empowerment Center, said OMI has a lot of violence, just as much as Bayview. He would like the Department to fund violence prevention programs for the community. The OMI has no programs. Other areas get a lot of funds, but OMI has no programs and no funding for youth. The city leaders do not look at problems in OMI. The community has some angry youngsters and there is a serious problem with youth segregation, block by block. Violence is a health issue and DPH must fund violence prevention. He also stated that youth need to be involved in the Health Commission's community meetings. Commissioner Monfredini asked what specific programs youth are looking for. Mr. Dews said he works at the Stepping into Manhood program at the community empowerment center in Hunter's Point. The OMI needs a similar program. He works with approximately 15 people at any one time for a couple of months, providing job counseling and information, GED assistance and help getting people

to college. He said there is a problem with the Probation Department that resulted in a youth getting killed.

- Margie Cherry, Faith Based Coordinator for AACHIE, said that a lot of congregants are seniors who are afraid to go out and cannot get to services. The community needs more funds. Children die from violence, and low-income families are not eligible for programs because their incomes are just above the limit. Cabs will not come to the neighborhood and busses do not come, so people cannot get to their appointments. She needs more help. She has contact with 23 churches. The time for talking in meetings is past. What the community needs now is more money and more programs. Don't just listen—give money.
- Ronnie Naiker, Ocean Avenue business owner, said successful small businesses work with the community, for example donating health supplies. So DPH should help small businesses and this, in turn, will help the entire community.
- Cati Hawkins-Okori, Critical Incident Response Team (CIRT), said CIRT provides services to families of homicide victims. Her program focuses on the southeast sector of the city and there are not enough resources to serve OMI. The newly unveiled poster of homicide victims included two people from OMI whose families CIRT could not work with. They need more money to expand and add staff, particularly male staff. The Department is working with Family Mosaic to develop a model similar to the fire response team, which will bring more resources together.
- Mary Harris, OMI Neighbors in Action, said she hopes this is not a meeting where ideas are heard then put on a shelf. The community desperately needs the OMI Family Center, which was on the chopping block last year. Clients are not capable of going to SFGH. Her son has a mental illness and was served by the OMI Family Center. After nine months of services, he had a part time job and now he has a fulltime job. If he had to go by bus or otherwise to SFGH, it would never have worked. There must be community-based services in the community.

Commissioners' Comments

- Commissioner Monfredini asked what services could be provided to prevent the domino effect of further violence that often happens with homicides. Mr. Dews said the key is intervention through anger management and talking to the individual. Revenge is often the mentality and a person needs to open up, talk to someone and grieve. But the people will not talk to just anyone. It needs to be with someone they have a relationship with, so the programs must be staffed with people from the community. Ms. Monroe said that the cycle must be stopped much earlier. Get people jobs, off the streets, and into programs. Ms. Morton suggested duplicating the AACHIE Community Empowerment Center in OMI, and use existing services such as I.T. Bookman and fill in the gaps with other programs. Ms. Hawkins-Okori suggested Peacekeepers. Mr. Dews said services need to be youth friendly. The youth need to like the activities; otherwise they will get bored and leave. He recommended a recording and production studio where youth can create public service announcements. One woman (name not given) said when the city looks at funding, it needs to look at a holistic picture. Also, the African American community is very spiritual, and people who will not go to a psychiatrist will go to a pastor, so must consider faith-based services. Commissioner Monfredini thanked everyone for coming to the meeting. The Commission does not often get the opportunity for this kind of dialogue.
- Commissioner Guy said it is hard to hear about the tragedies then put them in the context of the tough budget times. We need to work together to develop community priorities so that they can be funded. She asked the neighborhood for ideas about traffic and pedestrian safety. Reverend McCray Hill said the residents have been vocal about their needs in this area with results such as traffic bulb outs. She also said the City has talked about

Paratransit services for the community because of the neighborhood topography, but there is no money, so people remain homebound.

- Commissioner Sanchez said a number of years ago there were gang prevention programs funded through Recreation and Park and community foundations. But through years of cutbacks, these successful programs have gone away. Mayor Brown brought all department heads together at a community meeting to talk about violence in the Mission, and this had successful outcomes. The Health Commission needs to share the issues raised at this meeting with other departments and commissions, and approach these problems cooperatively and comprehensively, because we are losing ground.
- Commissioner Guy said it is important to the Commission to come out to OMI. She has heard criticism that this is an underserved area and she wanted to hear more from the residents.
- Commissioner Umekubo expressed appreciation at all the testimony. The commissioners are concerned about health, and understand that there are so many other factors that go into a healthy community.
- Commissioner Parker thanked the community for welcoming the Commission. There always seems to be a lack of funding, a lack of personnel, etc. Our greatest resource is our ability to change the human spirit. If there is not a spirit of equality and respect, there will never be enough resources to meet our goals.
- Commissioner Penn said the fact that the OMI was not encompassed by the demographic analysis illuminates the need to be out in the community. He said the Health Commission does more than just listen; it is action-oriented. But resources are scarce, so we will have to work together. He summarized the action items as he heard them expressed:
  - OMI on the radar
  - Increase funding for existing resources within the community
  - Initiate new programs around violence prevention, increased access and hours to food resources, etc.
  - Programs such as the African American Health Initiative, AACHIE, Seven Principles Project, Nia Ujima are under funded; lack of CSAS funding
  - Senior transportation
  - Youth mentorship, career guidance, conflict resolution services
  - Comprehensive, multi-generational approach
  - Health Commission playing an active role in bringing other departments together
- Commissioner Chow asked Dr. Katz how the Commission and Department could respond to the issues raised by the community. Dr. Katz said violence is a public health problem, but the solution is much more complex than medical services. He will take the offered solutions to the District Attorney and other departments. He assured the Commission and the community that the recent wave of violence has not gone unnoticed. Commissioner Chow said the Commission is aware of the community, aware of the needs, and work to address these needs. But given the lack of resources, it will be an incremental approach beginning with violence prevention. DPH will work with other departments to develop a response.

4) PUBLIC COMMENT

None.

5) ADJOURNMENT

The meeting was adjourned at 6:35 p.m.

Michele M. Olson, Executive Secretary to the Health Commission

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President

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

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AGENDA

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FEB - 3 2004

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HEALTH COMMISSION MEETING

Thursday, February 5, 2004*
at
3:00 p.m.
Board of Supervisors Chambers*
City Hall, 2nd Floor
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

**PLEASE NOTE CHANGE IN DATE, AND LOCATION FOR THE REGULAR MEETING ONLY*

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. AT 101 GROVE STREET, ROOM #300

THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE. PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JANUARY 20 AND SPECIAL MEETING OF JANUARY 27, 2004**
Minutes of the regular meeting of January 20 and special meeting of January 27, 2004

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **CHN-Laguna Honda Hospital** – Request for approval of a retroactive sole source contract with the Regents of the University of California, on behalf of the UCSF Department of Physiological Nursing, in the amount of $198,632, to provide specialized gerontological care services for the period of October 1, 2003 through September 30, 2004.
* *Calendaring request memo, Monitoring report summary*

(3.2) **AIDS Office-HIV Health Services** – Request for approval of a retroactive new contract with Instituto Familiar de la Raza, in the amount of $72,103, for the provision of HIV/AIDS case management services targeting Latino behavioral risk populations, for the period of December 1, 2003 through June 30, 2004.
* *Calendaring request memo*

(3.3) **AIDS Office-HIV Prevention** – Request for approval of a retroactive new contract with Instituto Familiar de la Raza, in the amount of $100,000, to provide HIV prevention services targeting Latino youth behavioral risk populations, for the period of January 1, 2004 through December 31, 2004.
* *Calendaring request memo*

(3.4) **PHP-CHPP** – Request for approval of a retroactive new contract with Black Coalition on AIDS, in the amount of $148,630, to provide fiscal agent and support services to the African American Coalition for Health Improvement and Empowerment as the community partner for the DPH African American Health Initiative, serving African Americans citywide, for the period of January 1, 2004 through June 30, 2004.
* *Calendaring request memo*

(3.5) **PHP-Housing and Urban Health** – Request for approval of a contract modification with Baker Places, Inc., in the amount of $231,479 for a total contract value of $1,219,675, to provide additional emergency hotel units targeting homeless clients with special needs referred by specific DPH programs, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo*

(3.6) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with the San Francisco Pretrial Diversion Project, in the amount of $76,833, to provide substance abuse prevention services; referrals, screening and intake services to adult Superior Court defendants through its Substance Abuse Referral Unit, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report letter and summary, Corrective action plan, Client demographic information form*

(3.7) **BHS-Mental Health** – Request for approval of a contract modification with YMCA Urban Services, in the amount of $103,030 per year for a total contract value of $1,987,516, to provide mental health outpatient and prevention services, for the period of July 1, 2003 through June 30, 2007.
* *Calendaring request memo*

(3.8) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with the Regents of the University of California, in the amount of $359,022, to provide mental health services through the Crisis Resolution Team, for the period of July 1, 2003 through June 30, 2004.
* *Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.9) **BHS-Mental Health** – Request for approval of a retroactive new contract with the Regents of the University of California, San Francisco-Child Services Research Group, in the amount of $369,160, to provide a data collection process to encompass all current requirements for evaluations as specified by Community Mental Health Services, for the period of April 1, 2003 through September 30, 2004.
** Calendaring request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **FOR ACTION:** **ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION FOR 2004**

6) **FOR DISCUSSION:** **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 2004-05**
(Mitchell H. Katz, M.D., Director of Health)
** Report*

7) **PUBLIC COMMENT****

8) **ADJOURNMENT**

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The closest accessible BART Station is Civic Center, three blocks from City Hall. Accessible MUNI lines serving this location are: #47 Van Ness, and the #71 Haight/Noriega and the F Line to Market and Van Ness and the Metro stations at Van Ness and Market and at Civic Center. For more information about MUNI accessible services, call 923-6142.

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HEALTH COMMISSION

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MINUTES

HEALTH COMMISSION MEETING

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FEB 13 2004

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Thursday, February 5, 2004
at
3:00 p.m.
Board of Supervisors Chambers
City Hall, 2nd Floor
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:08 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, M.D., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner David J. Sanchez, Ph.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JANUARY 20 AND SPECIAL MEETING OF JANUARY 27, 2004

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) approved the minutes of the January 20, 2004 meeting and January 27, 2004 Special Meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Lee Ann Monfredini chaired the Budget Committee meeting. Commissioner Penn and Commissioner Umekubo were absent.

(3.1) **CHN-Laguna Honda Hospital** – Request for approval of a retroactive sole source contract with the Regents of the University of California, on behalf of the UCSF Department of Physiological Nursing, in the amount of $198,632, to provide specialized gerontological care services for the period of October 1, 2003 through September 30, 2004.

(3.2) **AIDS Office-HIV Health Services** – Request for approval of a retroactive new contract with Instituto Familiar de la Raza, in the amount of $72,103, for the provision of HIV/AIDS case management services targeting Latino behavioral risk populations, for the period of December 1, 2003 through June 30, 2004.

(3.3) **AIDS Office-HIV Prevention** – Request for approval of a retroactive new contract with Instituto Familiar de la Raza, in the amount of $100,000, to provide HIV prevention services targeting Latino youth behavioral risk populations, for the period of January 1, 2004 through December 31, 2004.

Commissioners' Comment

- Because this is a new program for this agency, the Budget Committee requested a six-month follow-up report to the Population Health and Prevention Joint Conference Committee.

(3.4) **PHP-CHPP** – Request for approval of a retroactive new contract with Black Coalition on AIDS, in the amount of $148,630, to provide fiscal agent and support services to the African American Coalition for Health Improvement and Empowerment as the community partner for the DPH African American Health Initiative, serving African Americans citywide, for the period of January 1, 2004 through June 30, 2004.

(3.5) **PHP-Housing and Urban Health** – Request for approval of a contract modification with Baker Places, Inc., in the amount of $231,479 for a total contract value of $1,219,675, to provide additional emergency hotel units targeting homeless clients with special needs referred by specific DPH programs, for the period of July 1, 2003 through June 30, 2004.

(3.6) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with the San Francisco Pretrial Diversion Project, in the amount of $76,833, to provide substance abuse prevention services; referrals, screening and intake services to adult Superior Court defendants through its Substance Abuse Referral Unit, for the period of July 1, 2003 through June 30, 2004.

> *Secretary's Note* – Staff noted that the contract monitoring report incorrectly stated that this organization does not have a Board of Directors. The agency does have a Board of Directors, and the list of members was distributed to the Commissioners.

(3.7) **BHS-Mental Health** – Request for approval of a contract modification with YMCA Urban Services, in the amount of $103,030 per year for a total contract value of $1,987,516, to provide mental health outpatient and prevention services, for the period of July 1, 2003 through June 30, 2007.

Commissioners' Comments

- Commissioner Monfredini asked that a follow-up report be presented to the Community Health Network Joint Conference Committee in six to eight months, to report on outcomes.

(3.8) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with the Regents of the University of California, in the amount of $359,022, to provide mental health services through the Crisis Resolution Team, for the period of July 1, 2003 through June 30, 2004.

(3.9) **BHS-Mental Health** – Request for approval of a retroactive new contract with the Regents of the University of California, San Francisco-Child Services Research Group, in the amount of $369,160, to provide a data collection process to encompass all current requirements for evaluations as specified by Community Mental Health Services, for the period of April 1, 2003 through September 30, 2004.

Secretary's Note – staff noted two errors on the contract monitoring report. The correct term of the contract is September 30, 2003 through September 29, 2004. And the number of FTEs is 2.4, not 48.86.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Penn, Umekubo) approved the Budget Committee Consent Calendar.

Item 3.3 was referred to the Population Health and Prevention Joint Conference Committee for a follow-up report in six months.

Item 3.7 was referred to the Community Health Network Joint Conference Committee for a follow-up report in six to eight months.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

President's FY 2005 Budget

On Monday, President Bush released his $2.4 trillion FY 2005 budget proposal. On the positive side, the proposal de-emphasizes his previous Medicaid reform proposal, includes $250 million to fund emergency care for undocumented immigrants, and includes approximately $300 million in tax incentives in an effort to expand health insurance coverage to 4.5 million uninsured Americans. However, the President also includes several proposals that could have a negative impact on DPH. The budget proposes to restrict the use of intergovernmental transfers (IGT) in the Medicaid program and proposes to place limits on public provider payments under Medicaid. The estimated savings from these two measures is $1.5 billion in FY 2005 and $23 billion over 10 years. In addition, the President's budget also contains reductions to public health preparedness that could impact DPH. The President's budget proposes cutting public health system preparedness funding distributed through the Centers for Disease Control and Prevention by 11.2%, from $934 million this year to $829 million in fiscal 2005. In addition, preparedness funds for hospitals, distributed through the Department of Health and Human Services' Health Resources and Services Administration, would be reduced to $476 million from $515 million this year, a 7.6% decrease.

The President's budget indicates his priorities for the year and is only the first step in this year's budget process. It provides a blueprint for Congress to consider as it begins the process of allocating federal monies for spending on programs. The next step in the budget cycle will be for the House and Senate Budget Committees to approve their own versions of the budgetary parameters that the authorizing and appropriating committees will follow as they take up legislation later this year.

Homeless Youth in the Castro Area

DPH has played a key role in a new housing initiative for homeless youth in the Castro area. Steven Tierney, Director of HIV Prevention, has worked closely with Supervisor Bevan Dufty to convene a work group of DPH staff and community-based partners to secure supportive housing spaces and health and social services for 12 young people. Marc Trotz, Director of Housing and Urban Health, and Michael Baxter of Adolescent Health, also brought their expertise and resources to this effort. The youth will be moving into housing this month. This effort represents an exciting and effective public-private partnership, which includes Larkin Street Youth Services, LYRIC, Most Holy Redeemer Church, the Metropolitan Community Church, the SF Police Department, and the SF Human Service Department.

National Black HIV/AIDS Awareness Day

The HIV Research Section, in partnership with community leaders, will host the fourth annual National Black HIV/AIDS Awareness Day on Saturday, February 7th from 10:30 a.m. to 1:30 p.m. at Glide Memorial Church, 330 Ellis Street. The event will feature a memorial service for two renowned Black San Francisco activists--Reggie Williams and Brandy Moore--and a strategic planning session for mobilizing the African-American community around HIV research and prevention.

Saturday's celebration follows the mandate of last spring's well-attended "Dispelling Myths" forum that articulated the urgent need for African Americans to become more involved as planners and participants in HIV prevention research. San Francisco is one of more than 60 cities across the U.S. that will sponsor programs on National Black HIV/AIDS Awareness and Information Day. More information can be found at: www.blackaidsday.org.

Annual Black History Month Cultural and Educational Event

DPH's Managers of African Descent are hosting their Annual Black History Month-Cultural and Educational Event from 6 to 8 p.m. this evening at the African American Cultural Arts Center, 762 Fulton Street. Each year the African American Health Initiative hosts the event which features afro-centric music and food, health information, a pictorial display of African-American Women in medicine and honors African Americans making history in health and science. This year's honorees include: Dr. Harrison Parker; the late Dr. Patricia E. Evans, former Medical Director of the Maternal and Child Health Section; Naomi Gray, former Health Commissioner ; Anthony Wagner, former CEO of Hospital Systems; Dr. Raye Richardson; community activist; Mildred Crear, Director of Maternal and Child Health; and Rev. Arelious Walker, faith-based health activist. For more information contact Gigi Gregory at 581-2451or Janie Buford at 581-2407.

Conference on Survivors of Violence

The Community Health Education Section is co-sponsoring a daylong conference entitled, "SF/Bay Area Survivors Conference for the People," on Saturday, February 28th, at Fort Mason. The Conference is being organized in response to the growing number of violent deaths in the community, particularly among youth. Conference organizers are featuring workshops dealing with loss, supporting survivors of violence, restorative justice, survivor empowerment and advocacy, and art workshops. The event will conclude with a memorial ceremony, honoring those who have lost

loved ones as a result of violence. There is no charge to attend but registration is requested. For more information and registration the public is asked to call 581-2442.

Laguna Honda Hospital Annual Survey Begins

The State Department of Health Services' (DHS) annual Licensing and Certification survey of Laguna Honda Hospital commenced on Monday, February 2nd. The survey team comprises 14 representatives from Licensing & Certification, DHS's Life Safety Code Unit, and the federal Centers for Medicare and Medicaid Services. The unannounced survey is tentatively scheduled to conclude tomorrow. I will advise the Commission of the survey results.

Children's System of Care Youth Task Force

The San Francisco Children's System of Care (CSOC) Youth Task Force recently won the Gold Medal in this year's "Community Communications and Outreach" competition in San Antonio, Texas. The Task Force is a group of San Francisco youth who have received services from one of the City's major child-serving systems such as mental health, child welfare, juvenile justice or special education. Members of the Task Force entered into the competition a musical CD entitled, "Free Flow on the Down Low," containing songs written and performed by City youth. Song lyrics reflect youth's experiences with topics that range from community violence to foster care.

Gene O'Connell

Gene O'Connell, CEO of SFGH, has been named Chair of the California Association of Public Hospitals and Health System's California Health Care Safety Net Institute (SNI). SNI examines key community health issues, demonstrates and evaluates innovative strategies, shares best practices, and promotes a broader understanding of the role of public hospitals and health systems in promoting community health.

Commissioners' Comments

- Commissioner Chow congratulated Ms. O'Connell for her appointment to the California Association of Public Hospitals and Health System's California Health Care Safety Net Institute.

5) ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION FOR 2004

The Commission continued this item to the February 17, 2004 Health Commission meeting.

6) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 2004-05

Prior to the Director of Health's budget presentation, Commissioner Chow welcomed Mayor Newsom to the Health Commission meeting. Mayor Newsom provided the Commission with an overview of the City's General Budget condition and his process for fully engaging the public, commissions and departments in his budget deliberations.

Commissioners' Comments

- Commissioner Monfredini said she would relinquish the pay she gets for serving on the Health Commission, and urged Commissioners across the city to do the same. Every little bit helps. She asked the Mayor if his shortfall estimates assume passage of the $15 billion statewide bond.

Mayor Newsom replied that if the bond fails, there would be an additional $100 million impact on the City and County of San Francisco.

- Commissioner Parker asked if the City has the ability to establish a significant budget reserve so that economic downturns do not have such devastating impacts. Mayor Newsom said that Supervisor Ammiano authored legislation that establishes a rainy day fund so in future budget years a percentage of the annual growth will be set-aside in a reserve.

- Commissioner Guy appreciates the Mayor coming to the Commission at the beginning of the process. She asked how the Health Commission could best partner with him in his budget preparation. Mayor Newsom emphasized communicating with him and his budget staff.

- Commissioner Chow thanked the Mayor for addressing the Commission, and said the Commission fully supports public engagement in the budget process.

Dr. Katz presented the 2004-2005 Department of Public Health Budget Proposal, (see Power Point presentation, Attachment A). The report included an overview of adjustments to the base budget. Adjustments include added costs due to inflationary increases, structural problems and regulatory requirements; added revenue; and revenue neutral programs. Because of the serious nature of the program reductions that will be required to balance the budget and the impact of these reductions on public health, Mayor Newsom requested additional time to review the Department's budget. Therefore, budget reductions were not included in Dr. Katz's presentation. These will be presented at a future Health Commission meeting.

Public Comment

- David Villalobos, District 6/Tenderloin community representative – In his community, it is critical to get people housed and keep them housed, and many of these services are on the chopping block.

- Terry Rex Spray, President SEIU Local 790 – Local 790 and other unions sacrificed much last year to help balance the budget, and he has not seen a proportional sacrifice on the part of the downtown or the wealthy. He wants to maintain services to the San Francisco residents who depend on the safety net. His members have done their fair share to maintain city services, have suffered and are frustrated and angry. They cannot support any compromise that would undermine the healthcare safety net.

- Piers Mackenzie, Representing Friends and Family of the MHRF – He reminded the Commission that as a result of the MHRF Blue Ribbon Committee's proposed restructuring to the MHRF, there will be a $2 million savings to the General Fund.

- Sonny Quiniquini – He works at Laguna Honda Hospital (LHH) and is concerned about charging for parking at LHH, for both staff and visitors. Also, workers should not have to continue to take a 7.5% salary reduction when management bonuses were not reduced and excessive salaries were not examined.

- Larry Bevan, shop steward at Local 250 – He appreciates that the most needy in the City do not have to come beg for their services. Workers are willing to sacrifice, but the City must keep agreements that were put in place at the time these agreements were made. Also, when cuts are made, focus first on administrative overhead, not on direct services.

- Maria Wong, Local 535 steward and SFGH employee – There needs to be more creative solutions to closing the budget gap, because SEIU members have sacrificed a lot with the 7.5% give back and recent increase in parking rates. Employees are contributing to the solution, but cannot keep cutting services and taking from employees. The City needs to figure out how to generate more revenue.

- Edna James, representing OMI Community Action Organization and the Southeast Health Center – She thanked the Commission for coming to the OMI community. If health problems are caught in the beginning, people end up at SFGH. She is concerned about mental health. There is a lot of violence in OMI and Bayview and need more mental health programs for youth.

- Teresita Gatan, SFGH worker – SFGH generates a lot of revenue. Every time budget cuts are on the table, the most vulnerable people are the first to be targeted. The 7.5% salary reduction really impacts people, so please do not make employees take this cut again.

- Linda Martin, Substance Abuse Counselor at SFGH, and shop steward for SEIU 790 – Last year was very difficult. She would not like to see any cuts to substance abuse, especially not to the methadone clinic. They are providing a critical service to San Francisco and work with people who have nothing. She had to give up 7.5% last year, and she would prefer not to do it again this year. Prices are constantly increased, but pay is going down, so she hopes the Commission can find a way to restore the 7.5%.

- Tom Barton, Shop Steward at MHRF, expressed concern about the parking increases. Some of the staff need parking because of the shifts they work. Concerned about impact on visitors. Please look at a more reasonable increase that will not be such a burden.

- Rosie Gleser, Mission Community Council – She urged the Commission to preserve the wellness centers and focus on prevention, integrated services and health promotion.

- Otto Duffy, Tom Waddell Health Clinic Community Advisory Board, said the SRO Collaborative is a great and inexpensive program. DPH should not target health clinics, but can look at cutting fire stations. Should focus on revenue, and there are a lot of ideas.

Commissioners' Comments

- Commissioner Parker said that until there are more sources of revenue, adjustments would be necessary. He said that private hospitals receive a tax benefit without contributing significantly to charity care, and this increases our burden and our costs. He asked if there is some means that the private hospitals could contribute more charity care, or the City could require them to contribute to the General Fund? Dr. Katz said there are examples. In Boston, all hospitals pay into a pool, and draw out of the pool depending on how much charity care they provide. In Miami-Dade County, a portion of the sales tax is used to pay for the county hospital. San Francisco does not have the ability to tax hospitals; counties are pre-empted by the State. DPH has been working informally with some hospitals, for example Catholic Healthcare West, to urge them to take the money they give to other community benefits and put this into direct charity care.

- Commissioner Guy said the City needs to address the budget problem in a way that is not incremental, and must seriously consider whether to give up some of the Strategic Plan priorities. San Francisco has been very supportive of public health, and the General Fund has supplemented State and Federal health funding. She asked what the next steps are. Dr. Katz replied that the budget information presented at this meeting will be assumed as DPH moves to the next step, so the Commissioners should express any concerns they have with the baseline adjustments. The next step is to close the gap. The Mayor wants to make sure the proposal reflects his goals, and has asked for time to review the budget. Dr. Katz's goal is to bring the cuts to the Health Commission's next meeting of February 17th, but cannot promise that the dialogue with the Mayor will happen in this timeframe. The tradition of two hearings will not change. When the cuts are presented, Dr. Katz will provide proposals for closing the gap due to regulatory, inflationary and structural factors, meeting the 5.5% reduction target and meeting the 15% contingency reduction.

- Commissioner Monfredini said it is important to be transparent throughout this process. Many of the cuts that were proposed last year will be back. Mayor Newsom was correct when he said there are no pots of money left—they have all been drained. It is frustrating to go through this painful process of cuts, and then see pots of money found for Board of Supervisors addbacks at the last minute. Dr. Katz said not only are the pots empty, but the City is starting from a very bad fiscal base—deficit is larger, inflation is bigger, and DPH employees have already given part of their salaries. Everyone should assume that it is going to be worse than last year.

- Commissioner Penn asked if the fixed costs have been thoroughly analyzed to ensure they are indeed immovable. Dr. Katz said that they are currently immovable. This could change, but only under specific circumstances, such as union negotiations. Dr. Katz uses a strict standard for keeping these costs as fixed. Commissioner Penn urged staff to work closely with contractors throughout this process. He thinks it would be useful to look at other county health systems so that DPH has an idea about how its level of services compare. Dr. Katz said that San Francisco clearly spends more money per capita than any other city. He will work with Commissioner Penn to provide information. Commissioner Penn and other Commissioners emphasized that the first staff priority right now is the budget.

- Commissioner Umekubo said that inflation is going to increase costs every year, and the City should develop a strategy to address these anticipated increases without cutting costs. He would like to take advantage of the opportunity to forward creative ideas to the Mayor. This is an opportunity to be more proactive. Finally, he commended Mayor Newsom, Dr. Katz and the other administrators for taking a 15% salary reduction and he supports Commissioner Monfredini's suggestion to give back the Commissioners' per meeting pay.

- Commissioner Chow supports a strategic planning retreat to review the Department's plans, priorities and funding streams. Commissioner Chow reiterated that the Commission is committed to holding two public hearings. The budget presentation today offers an opportunity to provide input on structural and regulatory issues. Commissioners should take advantage of the time to provide this feedback to Dr. Katz.

- Commissioner Guy, regarding structural issues, said it is so important to fully fund jail health services. Every year DPH tells the Board of Supervisors it is underfunded, every year they deny funding and every year DPH has to rob Peter to pay Paul. She would like to work with the Mayor. Dr. Katz surmises that there will again be discussions about closing a jail, which would

save money. The Sheriff has also talked about contracting out jail health. Commissioner Guy asked the Department and Commission to consider consolidation opportunities. She supports the change to making the cuts effective in September rather than July because is has a great impact on staff morale.

- Commissioner Chow asked if the Controller's Office could perform some of the tasks currently done by DPH to offset the $2 million DPH is paying the Controller pursuant to Proposition C. Dr. Katz said he is currently negotiating with the Controller to see what existing DPH functions could now be done by the Controller's office. It is unlikely the Controller would be able to do DPH's financial audits. It is more likely that the Controller's Office could do things the Department has long wanted to do, but has never had funds for.

7) PUBLIC COMMENT

None.

8) ADJOURNMENT

The meeting was adjourned at 5:55 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

San Francisco
Department of Public Health
Budget Proposal
FY 2004-2005

Mitch Katz, M.D.
Director of Health
February 5, 2004

City Wide Budget

Total General Fund	$2.200B
Set Asides	1.100B
Discretionary General Fund	$1.100B
Total Projected Deficit	($0.260B)
Deficit as % of General Fund	24%

The General Fund for DPH is $253.7M or 23% of the City Wide discretionary General Fund

City Wide Budget
Detail of Budget Shortfall

Starting GF Balance & Reserves	($ 38M)
General revenue growth	$ 55M
Loss of one-time sources	($ 65M)
Fixed labor cost increases	($ 25M)
Benefit cost increases	($ 57M)
Debt, welfare, and other fixed costs	($ 30M)
Estimated loss from State Budget	($100M)
Total Projected Shortfall	($260M)

3

Mayor's Instructions
Fiscal Impact

	DPH
• 04-05 GF Reduction (5.5%)	$13.0M
• 04-05 GF Contingency Plan (15%)	37.1M
04-05 GF Reduction	$50.1M
04-05 GF Reduction as a % of $253.7M GF	19.7%

4

Base Budget
Constraints in Meeting Targets

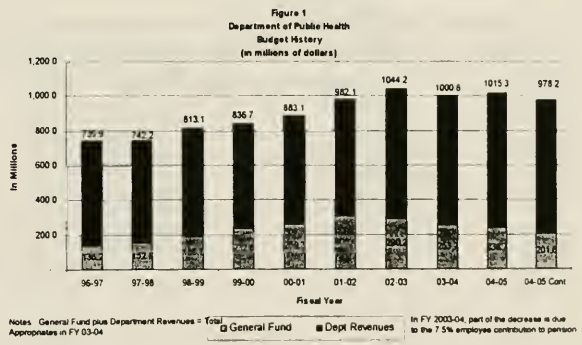
- General Fund partially finances revenue producing services

	SFGH	LHH
Services funded with Revenue	79%	79%
Services funded with General Fund	21%	21%

- High fixed costs at SFGH and LHH
- Service cuts in one area shift cost elsewhere
- Children's Services fall under voter defined budget of $33.7M

5

General Fund History



6

Base Budget

How we balanced the 03-04 Budget

For Fiscal Year 03-04, the reductions in the General Fund were achieved through the following methods:

Cost increases before MOU concessions	($22,563,000)
Increased revenues	28,526,000
Administrative Eliminations	8,446,000
Service Eliminations	4,785,000
Unionized Staff Paying Own Retirement (7.5% giveback)	17,306,000
Reduction to General Fund	$36,500,000

7

Adjustments to Base Budget

Before we can address the request to decrease our GF, we must take into account the unavoidable costs of doing business resulting from:

Inflationary Pressures	$10.3M
Structural Problems	$13.6M
Regulatory Requirements	$ 3.0M
Total	$26.9M

8

Adjustments to Base Budget

Inflationary Issues

Pharmaceutical Utilization at SFGH, Community Programs, LHH, & Jail Health	$ 1,385,370
Nurses step increases	$7,176,577
UC contract – Supply and labor costs required by MOU	$1,400,000
Rent Increases – Direct Access to Housing	$321,708
Total Inflationary increases	$10,283,655

9

Adjustments to Base Budget

Structural Issues

Worker's compensation expenses SFGH, PC, Jail Health	$ 1,724,468
Premium & holiday pay – SFGH	$ 1,608,975
Backfill mandatory paid time off for Nurse training	$1,067,000
Jail Staffing at Required Levels, including fringe benefits	$ 2,280,258
Laguna Honda Staffing at required levels	$1,500,000
Laundry contract for 03-04 outsourcing of LHH Laundry	($104,358)
Radiology, Pharmacy and Nurse Registry contracts – SFGH	$891,000
Siemens Invision increases to processing SFGH & PC billings	$240,000
RN Uniform Allowance	$221,300
Environmental Services staffing to industry benchmarks –SFGH	$219,957
Underfunding of Pharmacy Service Contract (PCN)	$651,000
Underfunding for materials and supplies – SFGH	$2,804,000
Increased security costs for Ward 93 – SFGH	$110,720
Increased Utilization of NAPA beds	$403,286
Total Increases due to Structural problems	$13,617,606

10

Adjustments to Base Budget

Increases Due to Regulatory Requirements

Nurse Ratio Title 22 Staffing	$ 966,250
Prop C funding to City Controller	$1,973,249
Pharmacy compliance with SB 151	$ 100,000
Total Increases due to Regulatory Requirements	$3,039,499

11

Adjustments to Base Budget

Revenue Neutral Programs

	Expend	Revenue	General Func
Expand PC Medi-Cal eligibility staff	$ 70,131	$132,193	($62,062)
Expand interventional drug studies	$ 49,091	$ 60,000	($10,909)
DHS CALWORKS backfill	$150,000	$150,000	0
Cover increased Expenses in the Adult Immunization Clinic with Revenues	$197,817	$214,020	($16,203)
Annualization of EPSDT Pilot Project	$119,016	$119,016	0
Replace Mayor's local Law Enforcement Block Grant	$89,980	$89,980	0
Women's Health Center Business Expansion Plan	$332,083	$332,083	0
Mobile Ophthalmology Service (Eye Van)	$127,000	$159,822	($32,322)
Total Revenue Neutral Programs	$1,135,618	$1,257,114	($121,496)

12

Adjustments to Base Budget

Increased Revenues

SFGH	$ 8,535,963
Central Admin (Initiative to charge for parking at all DPH sites)	$ 622,468
Public Health	$ 1,248,300
LHH	$ 641,293
Mental Health	$ 4,165,000
Environmental Health	$ 1,133,169
Substance Abuse	$ 458,889
Total increased revenues	$16,835,082

13

Next Steps

14

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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Web Site: http://www.dph.sf.ca.us

AGENDA

DOCUMENTS DEPT.

FEB 13 2004

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HEALTH COMMISSION MEETING

Tuesday, February 17, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF FEBRUARY 5, 2004**
**Minutes of February 5, 2004*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **PHP-TB Control** – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California, in the amount of $1,491,727, to provide Model Tuberculosis Prevention and Control Center services to local and national TB healthcare providers, professionals and funders, for the period of January 1, 2004 through December 31, 2004.
** Calendaring request memo, Monitoring report summary*

(3.2) **PHP-Prevention/Primary Care** – Request for approval of a retroactive contract modification with the San Francisco Study Center, in the amount of $137,550, for FY 03-04 only, to provide fiscal agent services for the Yes We Can Urban Asthma Partnership's pediatric asthma community health services, and to add a contingency amount of $648,285 for a total contract value of $6,050,657 for the period of July 1, 2003 through June 30, 2007.
** Calendaring request memo, Outcome graphs*

(3.3) **PHP-Housing and Urban Health** – Request for approval of a new sole source contract with Tenderloin Neighborhood Development Corporation, in the amount of $117,342, to provide housing and support services targeting homeless, extremely low-income elderly with one or more disabilities, for the period of February 1, 2004 through June 30, 2004.
* Calendaring request memo

(3.4) **CHN-SFGH and Health at Home** – Request for approval of a contract renewal with Toyon Associates, Inc., in the amount of $735,931, to provide reimbursement and revenue optimization services to San Francisco General Hospital and Health at Home Agency, for the period of April 1, 2004 through March 31, 2006.
** Calendaring request memo, Monitoring report summaries*

(3.5) **CHN-Laguna Honda Hospital** – Request for approval of a contract renewal with Healthcare Financial Solutions, in the amount of $95,418, to provide reimbursement and revenue optimization services to Laguna Honda Hospital, for the period of April 1, 2004 through March 31, 2006.
** Calendaring request memo, Monitoring report summary*

(3.6) **BHS-Substance Abuse** – Request for approval of a contract modification with Mt. St. Joseph-St. Elizabeth's, in the amount of $178,175 for FY 03-04 only, for a total four-year contract value of $4,457,613, to provide mental health and substance abuse residential and outpatient services for the period of July 1, 2003 through June 30, 2007.
** Calendaring request memo*

(3.7) **BHS-Mental Health** – Request for approval of a contract modification with MedImpact Healthcare Systems, Inc., in the amount of $3,008,620 for a total contract amount of $9,330,779, for the provision of pharmacy benefits management services for indigent mental health consumers, for the period of April 1, 2003 through June 30, 2005.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.8) **BHS-Mental Health** – Request for approval to enter into a performance agreement with Managed Health Networks, Inc. and its affiliates to provide comprehensive child crisis services at a capitated rate, with projected revenues of $75,000 per fiscal year for a total contract amount of $100,000, for the period of March 1, 2004 through June 30, 2005.
** Calendaring request memo, Grant information form*

(3.9) **BHS** – Request for site approval for relocation of Swords to Plowshares from 1063 Market Street to 1060 Howard Street, First and Second Floors, and relocation of the Department of Public Health's Disability Evaluation Assistance Program from 238 Eddy Street to 1060 Howard Street, Third Floor.
** Calendaring request memo, Informational flyer*

(3.10) **AIDS Office-HIV Health Services** – Request for approval of a contract modification with the Regents of the University of California/UCSF/Women's Specialty Clinic, to add $50,529 to the

original amount of $477,200 for a two-year total contract amount of $527,729, to provide primary care, case management and voucher distribution services targeting women with advanced HIV-related illness or complex medical problems that cannot be managed at other San Francisco CARE-funded sites that provide services for women, for the period of March 1, 2002 through February 29, 2004.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.11) **AIDS Office-HIV Health Services** – Request for approval of a contract modification with the Regents of the University of California/UCSF/Positive Health Practice to add $78,973 to the original amount of $25,714, for a total contract amount of $104,687, to provide program enhancement, outreach worker and psychotherapy services to the Men of Color Program, for the period of March 1, 2003 through February 29, 2004.
** Calendaring request memo, Client demographic information form, Monitoring update memo*

(3.12) **AIDS Office-HIV Health Services** – Request for approval of a new retroactive contract with Ramsell Corporation, in the amount of $163,545, to provide voucher distribution services to CARE-funded service providers and quality management training and technical assistance to Office of Minority Health-funded service providers, for the period of January 1, 2004 through February 29, 2004.
** Calendaring request memo*

(3.13) **AIDS Office-HIV Health Services** – Request for approval of a contract modification with Project Open Hand to add $265,641 to the original amount of $1,296,809 for a total contract amount of $1,562,450, to provide delivered meals and Grocery Center services, for the period of March 1, 2003 through February 29, 2004.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR ACTION:** **ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION FOR 2004**

6) **FOR ACTION:** **RESOLUTION ACKNOWLEDGING CHILDREN'S DENTAL HEALTH MONTH**
(Samantha Stevens, DDS, Director of Dental Services, DPH)
**Resolution*

7) **FOR DISCUSSION:** **SECOND QUARTER FINANCIAL REPORT**
(Gregg Sass, DPH Chief Financial Officer)
**Report*

8) **FOR DISCUSSION:** **PREVENTION STRATEGIC PLAN**
(Ginger Smyly, Director, Community Health Programs and Prevention)
**Report*

9) **PUBLIC COMMENT****

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance.

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American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

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The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

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Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

Edward A. Chow, M.D.
President

Lee Ann Monfredini.
Vice President

Roma P Guy, M.S.W
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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HEALTH COMMISSION MEETING

Tuesday, February 17, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

President Chow called the meeting to order at 3:20 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, M.D., Ph.D.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Roma P. Guy, M.S.W., Vice President

2) APPROVAL OF THE MINUTES OF THE MEETING OF FEBRUARY 5, 2004

Action Taken: The Commission (Chow, Monfredini, Parker, Penn, Sanchez, Umekubo) approved the minutes of the February 5, 2004 meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Penn and Commissioner Umekubo attended, the Budget Committee meeting.

(3.1) **PHP-TB Control** – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California, in the amount of $1,491,727, to provide Model Tuberculosis Prevention and Control Center services to local and national TB healthcare providers, professionals and funders, for the period of January 1, 2004 through December 31, 2004.

Commissioner Sanchez abstained from voting on this item.

(3.2) **PHP-Prevention/Primary Care** – Request for approval of a retroactive contract modification with the San Francisco Study Center, in the amount of $137,550, for FY 2003-04 only, to provide fiscal agent services for the Yes We Can Urban Asthma Partnership's pediatric asthma community health services, and to add a contingency amount of $648,285 for a total contract value of $6,050,657 for the period of July 1, 2003 through June 30, 2007.

(3.3) **PHP-Housing and Urban Health** – Request for approval of a new sole source contract with Tenderloin Neighborhood Development Corporation, in the amount of $117,342, to provide housing and support services targeting homeless, extremely low-income elderly with one or more disabilities, for the period of February 1, 2004 through June 30, 2004.

Public Comment

- John Melone, member of the Homeless Senior Task Force, spoke in support of this project. We need to get seniors into housing, not into shelters. The task force is requesting $2 million additional funds in next year's budget.

- Mel Beetle, member of the Homeless Senior Task Force, spoke in support of this project. He told the committee that this site will have supportive services, as well as housing.

(3.4) **CHN-SFGH and Health at Home** – Request for approval of a contract renewal with Toyon Associates, Inc., in the amount of $735,931, to provide reimbursement and revenue optimization services to San Francisco General Hospital and Health at Home Agency, for the period of April 1, 2004 through March 31, 2006.

(3.5) **CHN-Laguna Honda Hospital** – Request for approval of a contract renewal with Healthcare Financial Solutions, in the amount of $95,418, to provide reimbursement and revenue optimization services to Laguna Honda Hospital, for the period of April 1, 2004 through March 31, 2006.

(3.6) **BHS-Substance Abuse** – Request for approval of a contract modification with Mt. St. Joseph-St. Elizabeth's, in the amount of $178,175 for FY 2003-04 only, for a total four-year contract value of $4,457,613, to provide mental health and substance abuse residential and outpatient services for the period of July 1, 2003 through June 30, 2007.

Secretary's note – the correct amount of the contract is $159,085.

(3.7) **BHS-Mental Health** – Request for approval of a contract modification with MedImpact Healthcare Systems, Inc., in the amount of $3,008,620 for a total contract amount of $9,330,779, for the provision of pharmacy benefits management services for indigent mental health consumers, for the period of April 1, 2003 through June 30, 2005.

(3.8) **BHS-Mental Health** – Request for approval to enter into a performance agreement with Managed Health Networks, Inc. and its affiliates to provide comprehensive child crisis services at a capitated rate, with projected revenues of $75,000 per fiscal year for a total contract amount of $100,000, for the period of March 1, 2004 through June 30, 2005.

Commissioners' Comments

- Commissioner Monfredini requested an update on this contract to the CHN JCC in six months.

(3.9) **BHS** – Request for site approval for relocation of Swords to Plowshares from 1063 Market Street to 1060 Howard Street, first and second floors, and relocation of the Department of Public Health's Disability Evaluation Assistance Program from 238 Eddy Street to 1060 Howard Street, third floor.

(3.10) **AIDS Office-HIV Health Services** – Request for approval of a contract modification with the Regents of the University of California/UCSF/Women's Specialty Clinic, to add $50,529 to the original amount of $477,200 for a two-year total contract amount of $527,729, to provide primary care, case management and voucher distribution services targeting women with advanced HIV-related illness or complex medical problems that cannot be managed at other San Francisco CARE-funded sites that provide services for women, for the period of March 1, 2002 through February 29, 2004.

Commissioner Sanchez abstained from voting on this item.

(3.11) **AIDS Office-HIV Health Services** – Request for approval of a contract modification with the Regents of the University of California/UCSF/Positive Health Practice to add $78,973 to the original amount of $25,714, for a total contract amount of $104,687, to provide program enhancement, outreach worker and psychotherapy services to the Men of Color Program, for the period of March 1, 2003 through February 29, 2004.

Commissioner Sanchez abstained from voting on this item.

(3.12) **AIDS Office-HIV Health Services** – Request for approval of a new retroactive contract with Ramsell Corporation, in the amount of $163,545, to provide voucher distribution services to CARE-funded service providers and quality management training and technical assistance to Office of Minority Health-funded service providers, for the period of January 1, 2004 through February 29, 2004.

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Action Taken: The Commission (Chow, Monfredini, Parker, Penn, Sanchez, Umekubo) approved the Budget Committee Consent Calendar, with Commissioner Sanchez abstaining from voting on Item 3.1, Item 3.10 and Item 3.11.

Item 3.8 was referred to the CHN JCC for a six-month report back.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Staff Volunteers to Assist at City Hall

Dr. Katz announced that a number of DPH staff responded to a request from the Mayor over the holiday weekend to assist with the overwhelming number of couples waiting in line to obtain marriage licenses at City Hall. As the Commissioners are aware, last week Mayor Newsom directed the Assessor's Office to begin issuing marriage licenses to same sex couples. At times, the line for marriage licenses stretched through two floors of City Hall, out the front door and around three sides of the building. DPH staff helped with crowd control, distributed information, helped process applications, collect fees and, in the words of one of the volunteers, "did whatever needed doing." Dr. Katz expressed his gratitude to those who gave up their holiday weekend to lend a hand to this historical event.

Annual Survey of Laguna Honda Completed.

The State Licensing and Certification team concluded its annual survey of Laguna Honda on Friday, February 6th and provided preliminary findings in an Exit Conference. The Life Safety Code survey team identified issues related to fire safety and non-conformance to current building codes in some resident care buildings, which are between 80 and 95 years old. The Licensing Team reported no findings of substandard care. Upon receipt of the written results, Laguna Honda staff will submit a Plan of Correction for deficiencies identified in the survey process. Dr. Katz thanked Commissioner Monfredini for representing the Commission at the Exit Conference and the staff for successfully managing the survey process.

SFGH Pediatric Asthma Clinic Recognized by the CDC

The SFGH Pediatric Asthma Clinic has been selected by the Centers for Disease Control and Prevention (CDC) for national recognition for its work as a leading contributor to the YES WE CAN collaborative, an intervention that encompasses the delivery of optimal medical care, clinical case management, social case management by community health workers, home environmental remediation, and support and education for providers. The YES WE CAN demonstration project is led by a Steering Committee co-chaired by Dr. David Ofman, Medical Director for Primary Care, and Professor Mary Beth Love of San Francisco State University, with participants from 17 San Francisco organizations. Dr. Shannon Thyne, Medical Director for the Children's Health Center, heads up research and evaluation efforts. The CDC's National Center for Environmental and Respiratory Health conducted a rigorous review of evidence-based interventions; YES WE CAN was only the sixth asthma intervention ever to be selected for national publication. The clinic will be written up in a detailed case study and published as a toolkit to promote lessons learned and nationwide replication of its comprehensive multi-pronged intervention.

JCAHO Readiness Kickoff for 2005 Survey

On Tuesday, January 27th, the SFGH's Quality Management department held a kickoff at Management Forum with the theme "Bring It On," to prepare SFGH for its anticipated Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey in 2005. Hiro Tokubo, Director of Quality Management, and Lawrence Marsco, Manager for JCAHO Regulatory Affairs and Patient Safety Officer, have been meeting with front-line managers to discuss the impact of revisions to Joint Commission standards and the adoption of a new scoring system that defines elements of performance that determine compliance with each standard. SFGH managers and associate administrators have been designated into teams responsible for each chapter of the Joint Commission standards.

Curry Senior Center to Honor Community Partners

On February 28th, Curry Senior Services will honor both St. Francis Memorial Hospital and Asian Neighborhood Design at its annual fund raising dinner. This year's "Leap Year Ball" will be held at the Mark Hopkins Hotel. St. Francis Memorial Hospital will receive the Francis J. Curry Award for its generosity towards serving the health care needs of the senior community. Asian Neighborhood Design will be honored with the Joseph J. Mignola, Jr. award for its expertise and support in planning and development of Curry's new facility at 315 Turk St., as well as for its commitment to expanding services to underserved communities throughout the Bay Area.

LHH Executive Administrator Elected to AHA Governing Council.

Dr. Katz announced that LHH Executive Administrator, Larry Funk, has been elected to a three-year term on the American Hospital Association's Governing Council for Long Term Care and Rehabilitation. The Governing Council develops national policy and advocacy priorities for hospitals in the areas of long term care and rehabilitative healthcare services. Dr. Katz noted he is very pleased that Mr. Funk will represent DPH in this venue.

Sue Carlisle, M.D., Ph.D.

Sue Carlisle, M.D., PhD, has been named by the UCSF School of Medicine Dean as the new Associate Dean at SFGH, succeeding Dr. Phil Hopewell. Dr. Carlisle has worked closely with Gene O'Connell and managers at SFGH for the past year as Interim Associate Dean, Chief of Service for Anesthesia at SFGH, and Vice Chair of the Department of Anesthesia and Perioperative Care at UCSF. She received her medical degree from University of Pennsylvania and her PhD in Parasitology and Cell Biology at Tulane University. She has received numerous accolades, including Outstanding Resident and Outstanding Clinical Faculty while at UCSF, and a teaching award from St. Mary's Residents while practicing at French Hospital.

"Hearts in San Francisco"

The San Francisco General Hospital Foundation kicked off its "Hearts in San Francisco" campaign on Valentine's Day. One hundred thirty five-foot heart-shaped structures will be transformed by renowned artists such as Michael Osborne, the designer of the popular 2002 LOVE stamp, and *San Francisco Chronicle* cartoonist Phil Frank, and displayed throughout the Bay Area during the spring and summer of 2004. A select few will be auctioned off in November with proceeds to benefit programs at San Francisco General Hospital. Designated locations for these structures include Union Square, Yerba Buena Gardens, Telegraph Hill, Stern Grove, the Embarcadero, Twin Peaks, and Golden Gate Bridge's Vista Point. Volunteers will serve as walking tour guides for visitors

Community Health Network
San Francisco General Hospital
Credentials Report

February 2004
Health Commission – Director of Health Report
(From 02/09/04 MEC and 02/10/04 JCC)

	02/04	7/03 to 02/04
New Appointments	8	102
Reinstatements		0

Reappointments	51	219
Delinquencies		0
Reappointment Denials		0
Resigned/Retired	11	99
Disciplinary Actions		0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	13	75
Voluntary Relinquishments	0	2
Proctorship Completed	15	106
Current Statistics – as of 02/1/04		
Active Staff		428
Affiliate Professionals (non-physicians)		170
Courtesy Staff		508
Total Members		1,106
Applications In Process	29	
Applications Withdrawn Month of Jan 2003	1	10(07/03 to 02/04
SFGH Reappointments in Process Def 2003 to Mar 2004	199	

Commissioners' Comments

- Commissioner Monfredini was honored to be at the Laguna Honda Hospital exit interview, and is proud of the hospital staff who is doing great work under difficult situations.

- Commissioner Chow asked for a budget update. Dr. Katz said he is continuing to work closely with the Mayor's Office. The Mayor's Office is committed to the Health Commission holding its two public hearings. He hopes the budget will be ready to be presented in March.

5) ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION FOR 2004

Commissioner Umekubo nominated Commissioner Chow to serve as president of the Health Commission.

Action Taken: The Commission (Monfredini, Parker, Penn, Umekubo, Sanchez) elected Commissioner Chow to serve as President of the Health Commission for 2004. Commissioner Chow abstained.

Commissioner Penn nominated Commissioner Monfredini to serve as Vice President of the Health Commission.

Action Taken: The Commission (Chow, Parker, Penn, Umekubo, Sanchez) elected Commissioner Monfredini to serve as Vice President of the Health Commission for 2004. Commissioner Monfredini abstained.

6) RESOLUTION ACKNOWLEDGING CHILDREN'S DENTAL HEALTH MONTH

Action Taken: The Commission (Chow, Monfredini, Parker, Penn, Umekubo, Sanchez) approved Resolution #02-04, "Acknowledging February 2004 as 'Children's Dental Health Month' and Honoring the Agencies and Individuals who Have Made a Difference with Children's Dental Health in San Francisco", Attachment A.

Commissioner Chow acknowledged the people recognized by the resolution, and each person was presented with a certificate. Dr. Katz acknowledged Dr. Samantha Stephen, Director of DPH Dental Services.

Commissioners' Comments

- Commissioner Sanchez said this is an important recognition. The individuals provided critical services above the safety net. During the various budget processes, many services will be reviewed, including the UCSF School of Dentistry. When the school was created, establishment of community dental clinics was critical. There has been talk that these will be put on the chopping block. Commissioner Sanchez encouraged the people in the room, who are very committed and very active, to fight against any cutbacks to these services. If there were to be closures to these clinics, the Health Commission could hold a hearing.

7) SECOND QUARTER FINANCIAL REPORT

Gregg Sass, DPH Chief Financial Officer, presented the FY 2003-2004 Second Quarter Financial Report. This report presents the second quarterly financial projection of DPH revenues and expenditures for fiscal year 2003-04. Staff is currently projecting a net surplus of $1.842 million. Projections include a revenue surplus of $8.957 million and over expenditures of $7.115 million.

Department of Public Health
Preliminary Financial Results
December 31 Projection

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Department of Public Health							
SFGH	$ 502,324,000	$ 510,042,000	7,718,000	$ 502,324,000	$ 508,478,000	(6,154,000)	1,564,000
Laguna Honda	148,096,000	149,335,000	1,239,000	148,096,000	148,780,000	(684,000)	555,000
Primary Care	45,830,000	45,830,000	-	45,830,000	46,253,000	(423,000)	(423,000)
Health at Home	4,586,000	4,586,000	-	4,586,000	4,951,000	(365,000)	(365,000)
Jail Health	22,207,000	22,207,000	-	22,207,000	24,758,000	(2,551,000)	(2,551,000)
Public Health	91,150,486	91,150,486	-	91,150,486	89,158,707	1,991,779	1,991,779
Mental Health	170,304,767	170,304,767	-	170,304,767	169,988,250	316,517	316,517
Substance Abuse	64,610,060	64,610,060	-	64,610,060	63,856,762	753,298	753,298
TOTAL DPH	1,049,108,313	1,058,065,313	8,957,000	1,049,108,313	1,056,223,719	(7,115,406)	1,841,594

(1) The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carry forwards from prior year, Inter Governmental Transfer (IGT) for SB855, Transfer In and Project Related expenses.

Mr. Sass provided the Commission with detail of revenue and expenditure projections for each DPH division.

Public Comments

- Michael Lyon – concerned that the budget is moving forward and there has been no information about potential cuts. He informed the Commission that there is a proposal in Congress that requires hospitals that want to receive funding for services for undocumented people to fingerprint and report these people. Dr. Katz informed the Commission that the Department would not participate in such a program.

- Shanell Williams, San Francisco Youth Commission, urged the Commission to continue to support the extension of Healthy Kids. When looking at cuts, please consider the impacts on youth.

Commissioners' Comments

- Commissioner Parker asked if it is typical to backfill positions with overtime. Mr. Sass said that in some instances, the only option available for backfilling is overtime, P103 and registry. It is not fiscally prudent to propose a budget that assumes there will be over expenditures in these areas, to be offset with additional revenues. This year, the department is proposing to address these structural issues. However, to attract permanent personnel, it is likely DPH will need to offer higher pay, because the department is competing for a scarce resource. Commissioner Parker asked if Jail Health Services are entirely general funded. Mr. Sass said yes.

- Commissioner Umekubo asked how far back the cost report settlements go. Mr. Sass said most go back three years. It is unlikely there will be many more of these in the future.

- Commissioner Chow asked if the department continues to receive capitation revenue from entities such as SF Health Plan. Mr. Sass said DPH does receive capitation revenue from Medi-Cal, Healthy Families, Healthy Kids and Healthy Workers.

8) PREVENTION STRATEGIC PLAN

Ginger Smyly, Director, Community Health Programs and Prevention, presented the Prevention Strategic Plan, 2004 through 2008. The Population Health and Prevention Joint Conference Committee two years ago asked staff to develop a strategic plan. Participants in developing the strategic plan were the Prevention Steering Committee, which developed a Prevention Framework; the Prevention Planning Committee, which guided the Prevention Strategic Plan development process; and the Prevention Workgroup, which identified top social determinants and health outcomes.

Guiding Principles for the Strategic Plan were that it be population based, evidence based, address root causes and inequities, build on existing efforts, promote public partnership and evaluate results.

Ms. Smyly noted that the strategic plan puts into place a framework and system for prevention planning and identifies broad issue areas that the Department should address. It is not meant to supplant and incorporate section-specific planning. There is a lot of great work already being done in the sections, for example, HIV Prevention Plan, Tobacco Free Project plan and others.

DPH Prevention Workgroup recommends the following priority prevention issues:

- Social Determinants, such as socio-economic status, social connectedness or isolation, institutional racism and transportation systems.

- Health Outcomes, specifically cardiovascular disease, which is the leading cause of death of every race and cultural group in San Francisco, and depression.

The Prevention Strategic Plan's first strategy is to develop a multi-year prevention plan. The Plan includes the following strategies:

- Develop a future investment strategy. This strategy would include moving funding to effective, evidence-based prevention efforts and coordinating fund/grant development for strategic health plan priorities.

- Ensure prevention as core component by having some portion of new programs be prevention oriented, creating ongoing discussion, training about prevention within and among DPH sections and reviewing new programs for prevention relevance and best practices.

- Strengthen prevention in health care services – interventions should be evidence-based, consistent with expert guidelines and linked to social determinants.

- Evaluate existing prevention programs by establishing an evaluation workgroup, and having sections evaluate existing programs for effectiveness.

Ms. Smyly reviewed the implementation steps for DPH's prevention branch, for the Prevention Planning Committee and for each of the sections.

Ms. Smyly described examples of prevention programs including living wage, pedestrian and traffic safety, chronic disease management and health equity and sustainability. These programs are described in detail in the plan itself.

Challenges and Opportunities

- Poor financial climate for reassigning old dollars
- Will and orientation of management and field staff
- Public health workers lack prevention background
- No revenues in prevention, such as Medi-Cal fee-for-service (despite this, staff has been creative and successful in getting grants)
- Poor financial climate for new dollars
- Lack of general fund to leverage new grants

Ms. Smyly ended by saying that DPH has a successful track record in creating successful prevention programs. It is fortunate that the Department is surrounded by academic resources and private and public foundations that can assist staff in creating model programs. There is also an increasing availability of data and best practices.

Commissioners' Comments

- Commissioner Parker is impressed that staff was able to take the prevention framework to the next step. The health professionals are not focused on prevention, but instead are focused on diagnosing and treating. By the time a diagnosis has been made, the damage has been done. It will be incredibly challenging to change this approach. An underlying component of all the social determinants is disrespect. This is a barrier. We have to get people to value their health.

- Commissioner Umekubo said prevention is a concept that requires a different mindset. The medical profession is so focused on rapidly addressing problems. Insurers also fund treatment, and there is little incentive to provide prevention services. But if DPH takes that lead with prevention, for example with cardiovascular disease, this will have an impact. He encouraged the staff to incorporate private hospitals, the San Francisco Medical Society and other private physicians. Ms. Smyly noted one of the efforts is partnership with Community Clinic Consortium, DPH safety net clinics and Kaiser. Commissioner Umekubo asked if the Commission and its joint conference committees could get periodic reports.

- Commissioner Chow reiterated that many private practitioners want to work on these issues, and look for opportunities. Commissioner Chow said in the current economic climate, our talent is our biggest resource, because unfortunately we do not have funding.

9) PUBLIC COMMENT

None.

10) ADJOURNMENT

The meeting was adjourned at 5:00 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 02-04

ACKNOWLEDGING FEBRUARY 2004 AS "CHILDREN'S DENTAL HEALTH MONTH" AND HONORING THE AGENCIES AND INDIVIDUALS WHO HAVE MADE A DIFFERENCE WITH CHILDREN'S DENTAL HEALTH IN SAN FRANCISCO

WHEREAS, February is the month annually set aside to acknowledge Children's Dental Health; and,

WHEREAS, San Francisco has a wonderful "village" of professionals who have worked consistently over the years to help ensure both quality and quantity of services for children in need; and,

WHEREAS, the San Francisco Department of Public Health would like to acknowledge the work of these agencies and individuals, as well as thank them for their dedication to working collaboratively with the dental community for the benefit of all children; and,

WHEREAS, the San Francisco Dental Society has been an excellent partner throughout the years helping to screen children at school sites; and,

WHEREAS, the Commission would like to acknowledge the Dental Society's efforts screening kindergartners attending the San Francisco Unified School District; and,

WHEREAS, this project was proposed by the Dental Society four years ago and allows DPH to assess the health of all new incoming children to the elementary school system and the collection of data from these efforts has proved to be very useful in program planning and prevention efforts; and,

WHEREAS, another DPH partner in ensuring children's dental health is the University of California San Francisco Dental School, which has two extremely dedicated dentists who have made careers of serving children's dental issues; and,

WHEREAS, DPH currently has two collaborative research projects with UCSF funded by NIH centered around young children, discerning best methods to prevent decay and examining barriers to dental access; and,

WHEREAS, the Department's own dental staff works tirelessly educating UCSF pediatric residents on a monthly basis, examining children aged 1-3 at San Francisco General Hospital regularly, educating pregnant women, moms with newborns, providing dental health education for preschool and elementary school children, school-based sealants for second graders at SFUSD and screening and facilitation for low-income adolescents into free orthodontic care; now, therefore, be it

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 02-04 (Cont'd.)

RESOLVED, that the Health Commission recognizes February 2004 as "Children's Dental Health Month" and supports quality dental services for children in San Francisco and beyond; and, be it

FURTHER RESOLVED, that the Health Commission would like to use the occasion of Children's Dental Health Month to acknowledge the agencies and individuals who have made a difference with children's dental health in San Francisco, including the following:

- Dr. Liza Karmardian, who initiated the dental screening program in schools when she was president of the Dental Society;
- Dr. Jeff Jang, who coordinates the school program as the head of "Community Programs" for the society;
- Dr. Francisco Ramos-Gomes, an active pediatric dentist for low-income children in San Francisco. His efforts on behalf of children include serving on DPH's Mother Child Health (MCH) advisory board and on the First Five Commission;
- Dr. Jane Weintraub, a public health dentist and one of the leading public health researchers in the United States;
- DPH dental staff: Dr. Irene Hilton, Julie Javrotsky, Claire Sit, Rose Clifford, Mary Market, Sholey Malawa and Lorena Davila; and
- Mildred Crear and Barbara Garcia for their support of dental services within our new San Francisco Healthy Kids Program, which will have national policy implications.

I hereby certify that the San Francisco Health Commission at its meeting of February 17, 2004 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

DOCUMENTS DEPT.

FEB 27 2004

SAN FRANCISCO
PUBLIC LIBRARY

HEALTH COMMISSION MEETING

Tuesday, March 2, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE MEETING OF FEBRUARY 17, 2004
**Minutes of the meeting of February 17, 2004*

3) PROPOSED ACTION: PRESENTATION AND APPROVAL OF THE BUDGET COMMITTEE CONTRACTS

(3.1) **CHN-Primary Care** – Request for approval to accept retroactively and expend a new grant from the San Francisco Health Plan Access Enhancement Fund, in the amount of $426,085, to increase patient access to care by removing physical, linguistic and/or other barriers to care, for the period of January 1, 2004 to June 30, 2006.
** Calendaring request memo, Grant information form, Budget form pages*

(3.2) **CHN-SFGH** – Request for approval of a resolution for a Proposition J contract for the provision of laundry processing services at San Francisco General Hospital, for the period of April 1, 2004 through September 30, 2004.
** Calendaring request memo, Memo to the Board of Supervisors, Board of Supervisors Resolution, Letters from Controller, Prop J questionnaire*

(3.3) **CHN-SFGH** – Request for approval of a new contract with Turnstone Consulting, in the amount of $344,000, to provide Air Medical Access Project: Phase II environmental analysis consultation services, for the period of March 1, 2004 through December 31, 2005.
** Calendaring request memo*

(3.4) **PHP-EMS** – Request for approval of a retroactive contract renewal with the Regents of the University of California, in the amount of $1,269,941, to provide clinical quality improvement and risk management services, for the period of July 1, 2003 through June 30, 2006.
* *Calendaring request memo, Monitoring report summary*

(3.5) **PHP-STD Prevention** – Request for approval of a contract modification with Better World Advertising to increase the contract amount by $70,000, for a new contract total of $119,999, to provide STD-Syphilis awareness social marketing campaign services, targeting gay and bisexual men, for the period of January 1, 2004 through December 3,1 2004.
* *Calendaring request memo*

(3.6) AIDS Office-HIV Prevention – Request for approval of a new retroactive contract with New Leaf: Services for Our Community, in the amount of $75,000, to provide HIV prevention services targeting defined behavioral risk populations, for the period of November 1, 2003 through June 30, 2004.
* *Calendaring request memo*

(3.7) **AIDS Office-HIV Prevention** – Request for approval of a retroactive contract renewal with South of Market Health Center, in the amount of $78,392, to provide HIV prevention services, targeting defined behavioral risk populations, for the period of January 1, 2004 through December 31, 2004.
* *Calendaring request memo, Client demographic information form, Monitoring report summary and letter*

(3.8) **AIDS Office** – Request for approval of the FY 2004-2005 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 Title I, Title II and General Fund contracts for a combined total of $35,477,794 for the period of March 1, 2004 through February 28, 2005 for Title I funds, April 1, 2004 through March 31, 2005 for Title II funds and July 1, 2004 through June 30, 2005 for General Fund programs with the following agencies:

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Westside Community Mental Health Services		$192,522
To Be Determined: AIDS Dementia Unit & Quality Management services		$322,241
		$35,477,794

* *Calendaring request memo, Allocations lists, Boards of Directors lists*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **PUBLIC COMMENT****

6) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy
Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance.

The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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MINUTES

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

MAR 1 1 2004

SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, March 2, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

President Chow called the meeting to order at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Lee Ann Monfredini, Vice President
Commissioner Roma P. Guy, M.S.W.
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Michael Penn, M.D., Ph.D.

2) APPROVAL OF THE MINUTES OF THE MEETING OF FEBRUARY 17, 2004

Action Taken: The Commission (Chow, Monfredini, Parker, Penn, Sanchez, Umekubo) approved the minutes of the February 17, 2004 meeting, with one amendment. Commissioner Sanchez's comment for Item 6, the Children's Dental Health Month resolution, was expanded to say, "The dental clinic at SFGH serves 15,000 patients a year. If this clinic were to close, it would have a detrimental impact on the hospital and its patients, and would warrant a Proposition Q hearing. Dr. Katz said the Commission could hold a hearing on these cuts. Commissioner Chow said that even if Proposition Q does not specifically apply, there would be opportunity for public hearings."

3) PRESENTATION AND APPROVAL OF THE BUDGET COMMITTEE CONTRACTS

(3.1) **CHN-Primary Care** – Request for approval to accept retroactively and expend a new grant from the San Francisco Health Plan Access Enhancement Fund, in the amount of $426,085, to increase patient access to care by removing physical, linguistic and/or other barriers to care, for the period of January 1, 2004 to June 30, 2006.

Commissioners' Comments

- Commissioner Chow asked the staff to describe the Urgent Care expansion. Gene O'Connell, SFGH Executive Administrator, said that the current year's budget includes the FTEs for the Urgent Care Clinic expansion. This expansion will allow the clinic to be open during the day.

- Commissioner Parker, regarding asthma education, asked how the clients that will be served by this expansion would be targeted and selected. Ms. Liu said the funds would be used to hire a .2 FTE nurse practitioner to serve more clients at the Southeast Health Center. Ms. Liu will provide the Commission with more information when the planning process is complete.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez, Umekubo) approved this item.

(3.2) **CHN-SFGH** – Request for approval of a resolution for a Proposition J contract for the provision of laundry processing services at San Francisco General Hospital, for the period of April 1, 2004 through September 30, 2004.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez, Umekubo) approved this item.

(3.3) **CHN-SFGH** – Request for approval of a new contract with Turnstone Consulting, in the amount of $344,000, to provide Air Medical Access Project: Phase II environmental analysis consultation services, for the period of March 1, 2004 through December 31, 2005.

Commissioners' Comments

- Commissioner Umekubo asked when the report would be ready. Ms. Clark from Turnstone Consulting said it depends on what kind of study is required by the Planning Department. A full EIR would take a year to 15 months. A Negative Declaration would be a year or less.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez, Umekubo) approved this item.

(3.4) **PHP-EMS** – Request for approval of a retroactive contract renewal with the Regents of the University of California, in the amount of $1,269,941, to provide clinical quality improvement and risk management services, for the period of July 1, 2003 through June 30, 2006.

- Commissioner Chow asked for more detail on quality assurance activities that would be performed by the new position. Dr. Brown said the Dispatch Center has many quality improvement functions including monitoring call takers and dispatchers as they are interacting

with callers and determining training needs. Further, as EMS transitions to a full civilian staff, dispatchers being asked to serve multiple functions, and work environment needs to be closely monitored and training programs need to be developed.

- Commissioner Guy asked that the quarterly reports be submitted to and reviewed by the CHN JCC.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Umekubo) approved this item. Commissioner Sanchez abstained from voting on this item.

(3.5) **PHP-STD Prevention** – Request for approval of a contract modification with Better World Advertising to increase the contract amount by $70,000, for a new contract total of $119,999, to provide STD-Syphilis awareness social marketing campaign services, targeting gay and bisexual men, for the period of January 1, 2004 through December 3,1 2004.

Commissioners' Comments

- Commissioner Guy asked that the Commission receive the results of the evaluation when it is complete. Jacquie Siller said that the campaign has mainly been focused on getting people tested. Prior to the campaign, approximately 1,700 gay and bisexual men were tested at City Clinic; at the end of last year this number had risen to 2,800.

- Commissioner Umekubo noted that the most recent monthly syphilis report showed a decrease, so these efforts are working.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez, Umekubo) approved this item.

(3.6) AIDS Office-HIV Prevention – Request for approval of a new retroactive contract with New Leaf: Services for Our Community, in the amount of $75,000, to provide HIV prevention services targeting defined behavioral risk populations, for the period of November 1, 2003 through June 30, 2004.

- Commissioner Monfredini asked for outcomes to be reported when they are available. Mr. Steven Harlow from New Leaf said that the waiting list has already shown improvement; clients can get into intake in one week. The intake no-show rate was 65 percent a year ago, because people had to wait four weeks. The no-show rate has dropped to 10 percent.

- Commissioner Guy thanked the agency for its work, and the quick turn around time for starting this service. During these very difficult economic times, it is very important to hear that programs have demonstrated success.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez, Umekubo) approved this item.

(3.7) **AIDS Office-HIV Prevention** – Request for approval of a retroactive contract renewal with South of Market Health Center, in the amount of $78,392, to provide HIV prevention services, targeting defined behavioral risk populations, for the period of January 1, 2004 through December 31, 2004.

- Commissioner Chow asked if the data entry issue has been addressed. Steven Tierney said yes.

- Commissioner Guy asked why the decision was made to defer counseling and testing until 2005. Agency staff said the DPH contract manager asked them to take this on as part of this year's contract. The agency said yes, but was not prepared to do this. They are doing a pilot project now, and plan to bring this activity into the contract next year.

- Commissioner Sanchez said there needs to be common ethnic categories that are used by all agencies, from the CDC on down.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez, Umekubo) approved this item.

(3.8) **AIDS Office** – Request for approval of the FY 2004-2005 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 Title I, Title II and General Fund contracts for a combined total of $35,477,794, for the period of March 1, 2004 through February 28, 2005 for Title I funds; April 1, 2004 through March 31, 2005 for Title II funds and July 1, 2004 through June 30, 2005 for General Fund programs with the following agencies:

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Westside Community Mental Health Services		$192,522
To Be Determined: AIDS Dementia Unit & Quality Management services		$322,241
Total:		**$35,477,794**

Michelle Long Dixon, Director of HIV Health Services, told the Commission that the dollar amounts allocated to each contract do not currently reflect the reduction in Ryan White CARE funding the AIDS Office was just informed of. The Notice of Award, which has not yet been received, indicates that San Francisco will receive a 12% reduction, which equates to more that $4 million, for the current fiscal year.

Ms. Long Dixon clarified a mistake in the documents. Christopher Cunnie is listed as the Board Chair for Walden House; he is the Executive Vice President.

- Commissioner Monfredini said she thought the Marin County project had seen a decrease in population. Ms. Long Dixon said Marin serves approximately 800 person with HIV. The allocation is based on the number of people with AIDS; Marin has approximately 360 persons with AIDS.

- Commissioner Guy asked if there is a defined community process for how the reductions would be made. Ms. Long Dixon said that last year the Planning Council made the decision to make any cuts starting from the bottom of the prioritized list. Ms. Long Dixon said this would mean a challenging transition because a lot of the programs at the bottom provide unique services. Commissioner Guy asked that the PHP JCC get frequent updates on the process.

- Commissioner Umekubo pointed out that the President of St. Mary's Medical Center is Ken Steele.

Action Taken: The Commission (Chow, Guy, Monfredini, Parker, Sanchez, Umekubo) approved this item. Commissioner Umekubo and Commissioner Sanchez abstained from voting on the contracts related to St. Mary's Hospital and UCSF, respectively.

4) DIRECTOR'S REPORT

Commissioner Chow announced that Mr. Jim Illig would be appointed to the Health Commission to succeed Commissioner Harrison Parker. It is not yet known when this appointment will be effective. Commissioner Chow welcomed Mr. Illig, and said that the wisdom of Commissioner Parker will be missed.

Commissioner Chow announced 2004 Committee Assignments:

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN)
Edward A. Chow, M.D., Chair
Michael Penn, M.D., Ph.D., Member
David J. Sanchez, Jr., Ph.D., Member

JOINT CONFERENCE COMMITTEE FOR LAGUNA HONDA HOSPITAL (LHH)
John Umekubo, M.D. Chair
Harrison Parker, Sr., D.D.S., Member

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION (PH&P)
Roma Guy, MSW, Chair
Harrison Parker, Sr., D.D.S., Member

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH)
Lee Ann Monfredini, Chair
John Umekubo, M.D., Member

BUDGET COMMITTEE
David J. Sanchez, Ph.D., Chair
Roma Guy, MSW, Member
Michael Penn, M.D., Ph.D., Member

IHSS PUBLIC AUTHORITY
Harrison Parker, Sr., DDS

S.F. HEALTH AUTHORITY
John I. Umekubo, M.D.

SFGH FOUNDATION
David J. Sanchez, Jr., Ph.D.

Dr. Katz presented the Director's Report.

Election Day
Dr. Katz brought to the Commission's attention two initiatives on the statewide ballot that will have a significant impact on the City and on the Department. Proposition 57 would authorize California to issue a $15 billion bond to pay off the State's accumulated General Fund deficit through June 30, 2004. Proposition 58 would implement several budget reforms, such as requiring a balanced budget, providing for legislative and gubernatorial action in a fiscal emergency, and establishing a budget reserve. Proposition 57 and Proposition 58 are linked and, thus, both must pass by a simple majority in order to enable the State to issue the bonds described in Proposition 57. If these initiatives fail, the City's deficit will increase by an estimated $100 million. And, as the largest City department, this will undoubtedly have a significant impact on DPH.

Baldwin House Hotel Fire
A two-alarm fire occurred early Saturday morning, February 28th at the Baldwin House Hotel located on 6th Street between Mission and Market Streets. The fire was reported at 3:23 a.m. in a second floor room of the 180-room hotel. DPH and DHS staff responded to the fire scene to evaluate the medical and social needs of the residents. This is the second fire in the Baldwin Hotel in the last 18 months.

Two residents were taken to SFGH and treated for smoke inhalation. Two rooms were directly affected by the fire, and some other rooms were damaged by smoke, water, or broken doors for entry. During the evacuation of the building, an elderly man was discovered dead on the third floor. The death was not related to the fire.

Sixteen people were vouchered to local hotels by the Red Cross through Monday night. They will be returning to the Baldwin Hotel today. Because all of the residents had access to their rooms, DPH staff did not have to replace any prescriptions. There was no cause to call in any mental health services as residents affected by the fire were coping well with the situation. Special thanks to Jim Soos for his excellent and timely response.

Ryan White CARE Act Award
On March 1, the Health Resources Services Administration (HRSA) announced the Ryan White CARE Act Title I awards, which provide funding for HIV care services to the 51 most impacted metropolitan areas in the country. The San Francisco Title I award for federal fiscal year (FY) 2004 is $29,849,780 compared to $33,941,235 awarded in FY 03. This is a reduction of $4,091,455 or 12.1 percent. There will also be a $50,857 reduction in DPH's Minority AIDS Initiative Award.

The AIDS Office has already begun the process of informing the HIV Health Services Planning Council, the HIV Provider Community and other affected DPH sections. They are also assessing the fund balances to determine DPH's ability to narrow the funding gap. The Department will work closely with the elected officials on the federal, State and local level to address this issue.

"Public Health Grand Rounds" features SFDPH Traffic and Pedestrian Safety Program
Between March 3rd and March 5th, the national Public Health Grand Rounds team from the University of North Carolina, Chapel Hill, will be in San Francisco to videotape interviews and neighborhood footage on the Department's efforts to promote traffic and pedestrian safety. Public Health Grand Rounds, sponsored by the Centers for Disease Control and Prevention (CDC), is an effort to share expertise on dealing with public health problems with health professionals throughout the country and around the world. In Public Health Grand Rounds, the "patient" is defined as the community and the "presenting problem" is defined as a public health issue challenging the community and requiring its informed response. The interviews and local traffic scenes will be used for a Grand Rounds program, "Promoting Safe Travel and the Public's Health," which will be a live satellite broadcast /web cast on March 26, 2004.

Educational Cross Cultural Exchange
The South of Market Mental Health Center has been asked for a second year to participate in an educational cross-cultural exchange sponsored by Stanford University. On March 22nd, 30 Japanese medical students in their third or fourth year of residency will visit the center in an effort to learn more about cross-cultural issues in health care and to explore differences in medical care between Japan and America in particular. The DPH site was selected to represent a community based mental health clinic serving an inner city population and for its specialty programs serving the Filipino community and homeless mentally ill population. Dr Steven Wozniak, M.D. and Carey Martin, Nurse Practitioner. will be hosting their site visit.

Commissioners' Comments

- Commissioner Chow asked what steps the Department is planning to take regarding the reduction in Ryan White CARE funding. Dr. Katz said the Department would lobby, but he has little expectation of success. The progressive decrease to first-line cities is part of the legislation and not unanticipated. Commissioner Chow asked what the impact of the Minority AIDS Initiative Award reduction would be. Mr. Loyce said this money goes directly to agencies that serve minorities. The process for implementing the reductions will be linked to the planning priorities set by the Planning Council. He will keep the Commission apprised on this process through the PHP JCC.

- Commissioner Monfredini said that DPH has been aware that there would be a funding decrease, and she hopes that some preparations have already been made. It will challenge agencies to use resources more efficiently.

- Commissioner Guy anticipated a reduction, but is shocked by the magnitude. Mr. Loyce said the hold-harmless cities, including San Francisco, anticipated a five to ten percent reduction.

- Commissioner Umekubo recommended that the Department send a letter to San Francisco's Congressional delegation expressing the Commission's disappointment with the funding reduction.

- Commissioner Sanchez said that, given the state and federal climate, there is going to be a dismantling of services like never before. DPH is going to have to think even more creatively. It is going to take an all out effort, and a dialogue that extends beyond San Francisco.

- Commissioner Guy encouraged the Commission and the Department to protest the cuts, particularly with Congresswoman Pelosi.

- Commissioner Chow asked the Department to send a letter now, and the Commission will calendar a resolution opposing this cut at the next Commission meeting.

Public Comments

- Jim Illig said that this reduction was not anticipated, and there will be a lot of protests. San Francisco had the third highest cut of any EMA in the country. Many EMAs got additional funding. It is clear that San Francisco was targeted and the Commission, the Department, the provider community have to protest with San Francisco's delegation against this cut.

Fernando Ona presented the Health Commission with the five posters that were selected from the Student Art Contest for Harvesting Health—food, health and the environment.

5) PUBLIC COMMENT

None.

6) ADJOURNMENT

The meeting adjourned at 4:38 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

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AGENDA

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HEALTH COMMISSION MEETING

Tuesday, March 16, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF MARCH 2, 2004**
**Minutes of the meeting of March 2, 2004*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) **CHN-SFGH Radiology** – Request for approval of two contract modifications with Medical Contracting Services and The Registry Network, Inc., to increase the contract amount by a total of $600,000, from $900,000 to $1,500,000, to provide intermittent, as-needed, professional services of per diem and traveling radiology technologists with on-call availability seven days a week for San Francisco General Hospital and to extend the period of the contracts by two months from March 1, 2003 through August 31, 2004.
* *Calendaring request memo, Costs table*

(3.2) **PHP-Housing and Urban Health** – Request for approval to accept and expend a grant from the U.S. Department of Housing and Urban Development, in the amount of $2,000,000, to provide permanent supportive housing for chronically homeless people with disabilities, for the period of April 1, 2004 through March 31, 2007, and a contract with Mercy Services Corporation, in the amount of $201,464 per year for a total of $604,393, to provide housing and property management services to 88 formerly homeless persons, for the same period.
** Calendaring request memo, Grant Information form, Budget*

(3.3) **AIDS Office-HIV Prevention** – Request for approval to accept retroactively and expend a grant from the Regents of the University of California, University AIDS Research Program, in the amount of $106,788, for "Late Night Breakfast Buffet", for the period of February 1, 2004 to July 31, 2005, and a contract with Public Health Foundation Enterprises in the amount of $57,572 for the same time period.
** Calendaring request memo, Grant Information form, Budget justification*

(3.4) **AIDS Office-HIV Prevention** – Request for approval of a retroactive contract renewal with Stop AIDS Project, in the amount of $106,225, to provide Positive Force services, for the period of January 1, 2004 through June 30, 2004.
** Calendaring request memo, Monitoring report letter, Monitoring report summary, Response letter, Client demographic information form*

(3.5) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Asian American Recovery Services, in the amount of $4,483,387, to provide fiscal and management oversight services for Community Behavioral Health Services, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo, Performance memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **PROPOSED ACTION:** **RESOLUTION URGING THE BOARD OF SUPERVISORS TO ASK THE LOCAL CONGRESSIONAL DELEGATION TO LOBBY FOR THE RESTORATION OF RYAN WHITE CARE FUNDS**
(James Loyce, Jr., Deputy Director of Health for AIDS Programs)
*(*Resolution)*

6) **PROPOSED ACTION:** **CONSIDERATION OF APPROVAL OF SAN FRANCISCO GENERAL HOSPITAL REBUILD STEERING COMMITTEE'S RECOMMENDATIONS**
(Gene Marie O'Connell, Executive Administrator, SFGHMC)

7) **FOR DISCUSSION:** **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 2004-05**
(Mitchell H. Katz, M.D., Director of Health)
*(*Report)*

8) **PUBLIC COMMENT****

9) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

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The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

Edward A. Chow, M.D.
President

Lee Ann Monfredini
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James M. Illig
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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/ 04

HEALTH COMMISSION MEETING

Tuesday, March 16, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Lee Ann Monfredini, Vice President
Commissioner Roma P. Guy, M.S.W.
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner Michael Penn, M.D., Ph.D.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE MEETING OF MARCH 2, 2004

Action Taken: The Commission approved the minutes of the March 2, 2004 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner David J. Sánchez, Jr., Ph.D. chaired, and Commissioner Guy and Commissioner Penn attended, the Budget Committee meeting.

(3.1) **CHN-SFGH Radiology** – Request for approval of two contract modifications with Medical Contracting Services and The Registry Network, Inc., to increase the contract amount by a total of $600,000, from $900,000 to $1,500,000, to provide intermittent, as-needed, professional services of per diem and traveling radiology technologists with on-call availability seven days a week for San Francisco General Hospital and to extend the period of the contracts by two months from March 1, 2003 through August 31, 2004.

> **Secretary's Note** – the term of the contract will be through June 30, 2004, rather than August 31, 2004.

(3.2) **PHP-Housing and Urban Health** – Request for approval to accept and expend a grant from the U.S. Department of Housing and Urban Development, in the amount of $2,000,000, to provide permanent supportive housing for chronically homeless people with disabilities, for the period of April 1, 2004 through March 31, 2007, and a contract with Mercy Services Corporation, in the amount of $201,464 per year for a total of $604,393, to provide housing and property management services to 88 formerly homeless persons, for the same period.

(3.3) **AIDS Office-HIV Prevention** – Request for approval to accept retroactively and expend a grant from the Regents of the University of California, University AIDS Research Program, in the amount of $106,788, for "Late Night Breakfast Buffet", for the period of February 1, 2004 to July 31, 2005, and a contract with Public Health Foundation Enterprises in the amount of $57,572 for the same time period.

Public Comment

- Patrick Monette-Shaw (submitted via e-mail) - This contract involves providing refreshments and $30 so-called "incentives" to crystal methamphetamine users, most likely to gay and bisexual men in the Castro district. As this Commission knows, it is widely understood in the national research community that offering incentives skews the data collected. SF DPH conducts far too many so-called "scientific" studies that issue cash, and other forms of incentives, calling into question the validity of data collected in San Francisco. I am hearted to learn from Steven Tierney, DPH's director of HIV Prevention that the Prevention Planning Council is considering a policy to potentially ban use of incentives. To preserve data integrity, I urge this Commission to issue a Resolution banning the use of incentives for all HIV/AIDS prevention studies; STD prevention outreach; and outreach, needs assessments, and community forums conducted by either the HIV Prevention Planning Council, the Health Services Planning CARE) Council, and DPH.

Commissioners' Comments

- Commissioner Guy requested an update through the Population Health and Prevention Joint Conference Committee.

(3.4) **AIDS Office-HIV Prevention** – Request for approval of a retroactive contract renewal with Stop AIDS Project, in the amount of $106,225, to provide Positive Force services, for the period of January 1, 2004 through June 30, 2004.

(3.5) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Asian American Recovery Services, in the amount of $4,483,387, to provide fiscal and management

oversight services for Community Behavioral Health Services, for the period of July 1, 2003 through June 30, 2004.

Action Taken: The Commission approved the Budget Committee Consent Calendar.

Item 3.3 was referred to the Population Health and Prevention Joint Conference Committee for a six-month follow-up report.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

At approximately 11:30 p.m. on Wednesday, March 3rd, a fire broke out in an empty ward at Laguna Honda Hospital. The ward, 3C, was empty at the time and no one was injured. The positive outcome of this event was due to the quick-thinking and efficient response of LHH staff who moved over 90 residents and evacuated 70 of them out of the building to safety. Once residents were back in their rooms and rested from the event, LHH staff interviewed and examined everyone affected by the fire, checking on their condition, both mentally and physically. Dr. Katz expressed he is very pleased with the level of care and concern extended to all patients and is proud of the staff's excellent response to this emergency. Thanks also to SFGH, which dispatched help to clean up hazardous material on the site, and to Environmental Health, who sent staff to check for toxics and air quality.

The source of the fire remains under investigation by the San Francisco Fire Department. The State's local Licensing and Certification Office and OSHPD, both sent surveyors to inspect the site. It is not anticipated that either of these agencies will take a position until the investigation is complete.

Community Health Network
San Francisco General Hospital
Credentials Report
March 2004

Health Commission – Director of Health Report
(From 03/08/04 MEC and 03/09/04 JCC)

	03/04	7/03 to 03/04
New Appointments	18	110
Reinstatements		0
Reappointments	68	270
Delinquencies		0
Reappointment Denials		0
Resigned/Retired	07	110
Disciplinary Actions		0
Restriction/Limitation-Privileges	0	0

Changes in Privileges		
Additions	10	88
Voluntary Relinquishments	0	2
Proctorship Completed	12	121

Current Statistics – as of 02/1/04

Active Staff		427
Affiliate Professionals (non-physicians)		171
Courtesy Staff		506
Total Members		1,104
Applications In Process	33	
Applications Withdrawn Month of January 2003	0	11(07/03 to 03/04
SFGH Reappointments in Process Dec. 2003 to Mar. 2004	176	

Commissioners' Comments

- Commissioner Penn asked if the sprinklers were off for any other ward. Dr. Katz said the sprinklers were off for most of the rest of the hospital. Dr. Katz reiterated that the new protocol requires that in addition to the sprinklers being checked, the water pressure in the sprinklers be checked as well.

- Commissioner Parker asked if it would be wise to have different wards on different, independent fire safety systems. Dr. Katz will discuss this with Laguna Honda staff.

- Commissioner Chow recognized Commissioner Harrison Parker, who is leaving the Commission after eight years of dedicated service. Commissioner Parker helped make prevention a singular item of focus for the Department, and ensured that prevention would be incorporated into the Strategic Plan.

- Commissioner Umekubo learned a considerable amount about preventive care from Commissioner Parker. He appreciates all his years of service.

- Commissioner Sanchez said it has been an honor to serve with someone of such distinction. Commissioner Parker's dignity and his ability to stick to his principles are outstanding.

- Commissioner Monfredini learned so much about caring and patience from Commissioner Parker, who listened to every word that everyone has said throughout the years. It is a critical lesson in serving the public. She is delighted to host an Italian meal in his honor at her home.

- Commissioner Guy said Commissioner Parker has learned in his lifetime what the essence of public health is, and how it affects daily life. He leaves a legacy of a focus on prevention. His wry sense of humor helped the Commission get through some difficult times.

- Commissioner Penn is privileged to have benefited from Commissioner Parker's leadership.

- Commissioner Parker said it has been an honor to serve on the Health Commission. One thing he has learned is that the more one gives back to the community, the more one owes. It has been a privilege to work in this Department, which is the finest in the nation. This Commission has been a dream team, and he is proud to have been a part of it.

5) RESOLUTION URGING THE BOARD OF SUPERVISORS TO ASK THE LOCAL CONGRESSIONAL DELEGATION TO LOBBY FOR THE RESTORATION OF RYAN WHITE CARE FUNDS

Dan Bernal, Deputy District Director for Congresswoman Pelosi, addressed the Commission and presented a letter from the Congresswoman to Health and Human Services Secretary Tommy Thompson expressing concern about the $4 million reduction in San Francisco's Ryan White CARE Act funding (on file).

Commissioners' Comments

- Commissioner Guy asked if a copy of Congresswoman Pelosi's letter was sent to the media. Mr. Bernal said that it was forwarded to the Chronicle and other media outlets.

- Commissioner Chow extended the Commission's thanks to Congresswoman Pelosi for her years of advocacy for HIV and AIDS funding.

Public Comment

- Patrick Monette-Shaw (submitted via e-mail) – The $4 million loss of CARE funds may be a result of past performance in our EMA the media is complicit in keeping from the public, including the failure of San Francisco to spend funds during the year in which Congress appropriated them to be spent (the so-called "rollover" problem), DPH's failure to issue contracts expeditiously to service providers, DPH's and our CARE Council's failure to "quickly" allocate funds, failure to reallocate funds between service categories to spend all funds, failure to complete a revised "severe needs" definition, and possibly the failure of DPH to have met some federal deadlines. Rather than eliminating entire service categories, this Council could have preserved those categories by imposing waiting lists. Judged as "past performance," their errors contributed to this loss. Non-AIDS programs should not be de-funded to backfill this loss with General Funds. Decision-making behavior rewarded by this resolution will be repeated.

Action Taken: The Commission approved Resolution #03-04, "Opposing Reductions in San Francisco's Ryan White CARE Act Title 1 Award," with one amendment. In the first Resolved clause, the language was changed from "opposes" to "strongly opposes," (Attachment A).

6) CONSIDERATION OF APPROVAL OF SAN FRANCISCO GENERAL HOSPITAL REBUILD STEERING COMMITTEE'S RECOMMENDATIONS

Dr. Katz said it is the Department's recommendation to reschedule this presentation to the next regular Health Commission meeting. Staff has learned that they can request a special hearing of the Capital Improvement Advisory Committee up until April 16th. Given this, it is preferable to continue this item to fully focus on the budget presentation at today's meeting.

The Health Commission approved deferring this item to the April 6, 2004 Health Commission meeting.

7) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 2004-05

Mitchell H. Katz, M.D., Director of Health, presented the proposed FY 2004-2005 Department of Public Health Budget. He gave a power point presentation (Attachment B).

Public Comment

- Ebony James, spoke in support of Walden House. She lived on the streets of San Francisco with no family, no options. Since she's been at Walden House, she's learned that she is somebody. If this resource is taken away, she will have no more choices.

- Kimberly Wright, spoke in support of Walden House. As a direct result of her addiction she was homeless. Today her life is changing for the better thanks to Walden House. Others should have the same opportunity.

- Melvin Merrell Kenoly, III, from Walden House. Walden House helped him learn to live again. The parenting class helped him get back with his son. Please take care with any budget cuts.

- Roni Robertson, N.P. and Susan Abata, M.D., read a letter signed by more than 100 primary care providers representing primary care clinics in the Community Health Network (on file) regarding the Chief of Service position elimination.

- Curtis Grant, representing Friendship House Association of American Indians. He successfully went through the Friendship House program, and now works helping others overcome their addictions. This program teaches people to be self-sufficient. He asked the Commission to recognize the importance of substance abuse services.

- Dr. Stan Lipsitz, Team II Clinic. This outpatient mental health clinic specializing services to the gay and lesbian community. He expressed a number of concerns about the proposed integration of this clinic with the OMI Mental Health Clinic. Inevitably clients drop through the cracks when clinics relocate. Also, members of the gay and lesbian community feel safe in the current environment.

- Greg Parks, Team II Clinic client. Staff of the clinic is always caring, compassionate and dedicated. The Team II Clinic should be used as a role model for other clinics. The clinic has been a lifesaver for him.

- David Lalley, Director of Southeast Mission Geriatric Clinic, spoke in opposition of the integration of this clinic with the OMI clinic. This clinic serves a very frail and vulnerable

population. He is concerned about how they would get to the OMI; interaction with the more active adult population at OMI; and the long-standing unhealthy air issues at the OMI Mental Health Clinic. The consolidation would diminish the quality of geriatric services in San Francisco.

- Sandra Cook, Team II Clinic. Please do not send this clinic and the clients away again. The last time the clinic was moved, in 1993, they lost a lot of clients.

- Rochelle Ransom – Since she's been in Walden House, she has been clean for one year and she is reuniting with her children. Please don't take this program away.

- Johnny Dishmon –Walden House gave him his life back. It taught him the skills he did not get when he was young, for example treating people with respect and taking responsibility for his actions.

- LaJuana Tucker – Walden House taught her how to be a good mother, and helped her reunify with her children. They have a lot of programs for people in need of help.

- Kate Walker spoke on behalf of the Mental Health Board. When cuts are made to save money, it adds tremendous stress on the professionals and staff who are working with patients. These cuts can turn a Code Yellow into a Code Blue.

- Diana Nunez – Walden House taught her how to be a better mother and stay off drugs.

- Brian Greenberg, Administrative Manager of Walden House. He appreciates that the City is in tough economic times. But there are two misunderstandings in the DPH Budget with regard to Walden House. The WHITS program is no longer in an unlicensed facility. These beds are extremely cost-effective. For the $292,000 cut, it is faulty to assume that people will get discharged earlier with utilization management.

- Jason Williams – Walden House taught him how to be a better parent. He challenged the Commission to think of the children who are out on the streets.

- Theresa Frye – Walden House has given her the best year of her life this past year. Walden House taught her patience and gave her self-esteem.

- Vincent Jimenez – thanks to Walden House, he now has custody of his son.

- Barbara Norris, graduate of Walden House – she has reunited with all of her children. Walden House changed her life, and can change others.

- Tammy Williams – she has had a depression problem all her life. Thanks to Walden House, she has learned how to deal with everyday situations. She has recently been granted unsupervised visits with her children.

- Chuck Deutchman, ED of Walden House, said that Walden House clients speak for the program. While Walden House made a strong commitment to Dr. Katz to work with him during this budget, they cannot absorb this magnitude of cuts. While he supports methadone treatment, it does not work for everyone. From their point of view, it is about homelessness.

Residential treatment is extremely important for this population. Also, some of the DPH methadone services could be Medi-Cal funded if offered at different locations.

- Merrill Buice, San Francisco Human Service Network – concerned about lack of clarity in the proposed standardization of indirect costs. Even during good economic times it is difficult for the City to give contractors funds to cover increases in the cost of doing business. The non-profit service providers already subsidize the city's various requirements with other funds.

- Curtis James Betteya, spoke on behalf of Friendship House. This program has been very helpful in getting him to deal with his addiction. He hopes to see this program around for many years.

- Juanice Noneo, spoke on behalf of the Friendship House. Without this program she would not have recognized how lost she was. She asked the Commission to remember that programs like Friendship House help the community.

- Patrick McAdams – Walden House has helped him with mental and physical health issues. Mental health issues cause substance abuse.

- Helen Waukazoo, Executive Director of Friendship House Association of Native Americans – for 40 years, the Friendship House has been in the business of healing. She is here to support others that are in the same field, and asked the Commission to oppose the budget cuts.

- Jenny Wiley, Friendship House Association of Native Americans – substance abuse programs affect homelessness. She and others are here in solidarity against substance abuse cuts to other organizations. She is also concerned about the impact of the standardization of indirect costs. She asked the Commission to send a message to the mayor opposing any cuts. She asked all representatives of Friendship House to stand.

- David J. Hull, Morrisania West – The program has changed his whole perspective on life. When he was a child, he was taken away from his parents. If Walden House were around then, he would probably have been back with his family. The City should put as much money as possible into Walden House's parenting programs.

- Donald Frasier, President of the San Francisco Alcohol and Drug Contractors Association – there needs to be more discussion of the successfulness of methadone. Also, there needs to be a lot more discussion about the indirect costs.

- Yehile Yiscael, Clinical Coordinator of Morrisania West YORES program. He and others would like to work with the Commission to minimize the cuts and present other alternatives. We need to increase, not decrease, funding for programs. The alternatives to these programs are prison and emergency rooms, which are much less cost effective. This is a national and statewide problem.

- Francisca Oropesa, Southeast Mission Geriatric Service. They have been in their current location for 20 years. The location is particularly suitable for the older population they serve. The building was just renovated, which was money well spent. Most of the clinic's clients

are Medicare and Medi-Cal eligible. It makes good fiscal sense to maintain the clinic and allow clients to come to a safe environment.

- Susanna MacKaye, psychiatric social worker for Jail Health Service. She spoke in support of Citywide Forensics. Citywide Forensics is a key component of successful discharge from jail.

- Kathleen Connelly, speaking on behalf of David Furiello of Citywide Forensics. This program has demonstrated success in the reduction of parole violations, new crimes committed and other benchmarks. These clients are at high risk to re-offend. If the program is eliminated, the Behavioral Health Court will lose its most important provider.

- Joanne Wile, Citywide Forensic Team – spoke in support of continued funding for the team. This program serves severely mentally ill offenders. The program has had many successful outcomes. She submitted a letter (on file).

- Jean Miranda, Director of the City's EAP Program – the EAP serves every department in the city, but is housed in DPH. The EAP program has helped the City avert many crises. Layoffs add to stress of employees, and make EAP services even more necessary. She urged the Commission to reinstate the positions.

- Greta Harper – she is in recovery at Epiphany House. Today she has hope, not just for herself, but also for her children.

- Norma Hotaling, SAGE program – thanked Commissioner Parker and Commissioner Guy for all their heartfelt work on the Health Commission. Again, this year, the Commission is faced with hard work to maintain a public health infrastructure that it has taken decades to build. She is very impressed with the work Walden House is doing to rebuild its organization. They deserve the Department's support, as they are going through a very difficult time. And please keep women's and children's services.

- Beth Bernstein, SAGE program – spoke in opposition to cuts in residential substance abuse treatment programs. She stressed the importance of providing clients with safe housing. The clients need this to maintain meaningful long-term recovery.

- Lawrence Lurie, M.D. – spoke against the cut for the private provider network. The largest mental health cuts in this budget are made in this area. The PPA is a community-based private-public partnership that is unique in this country. Private practitioners treat public clients for low fees. Costs are much lower than at the public clinics. Finally, the psychiatric patients will not be able to pay the $5 and $10 co-pays. They will leave the system.

- Barbara Farrell, Executive Director of Ohlhoff Recovery Program. She is horrified that the baseline budget removes women and children's substance abuse services, and abandons St. Joseph's as it's losing its grant. Substance abuse treatment impacts myriad health issues.

- Melvin Beetle, Vice President of the Senior Housing Task Force, is appalled at the proposed cuts to the senior housing project. DPH was given the money from the Board of Supervisors for this program. The contract is ready to begin on July 1. The annual funds will come from the Board of Supervisors. The Board has already supported the program, so he does not know why this cut is on the table.

- Bob Prentice – a deficit of this magnitude is structural, and to try to deal with this year-by-year is futile. The feds and the State are dumping the deficit on local governments. San Francisco should look at other counties that have asked voters to approve on-going, local funding streams. It will be hard to rebuild primary care without the Chief of Service position. DPH should not lose people like David Ofman.

- Eve Meyers, San Francisco Suicide Prevention – in the week to come, when even more cuts will need to be considered. There are cuts that can be made that do not affect people. She urged the Commission to focus on those.

- Joanna Chestnut – presented a chart that demonstrates the estimate of potential cost savings of the Epiphany House services compared with the cost of incarceration and foster care (on file).

- Sharon Nelson, Epiphany House, spoke in support of the programs.

- Michael Lyon, Coalition to Save Public Health, the Department is not going to be able to get people to pay the co-pay.

- Puneet Sandhu, Committee of Interns and Residents – she urged the commission to consider the residents partners in this budget crisis, and see that the residents can spend as much of their time as possible on patient care.

- Richard Heasley, Executive Director of Conard House – they were planning to use the $100,000 to cover the increase in insurance premiums. Non-profits do not get COLAs to cover increases. He does not know how he is going to pay for this, except to cut five to six FTEs. He has never seen an indirect cost cap go down. Providers have different rates because they have different costs. He is concerned about how this will be developed, and would like to be involved in the process.

- Nancy Lewis, co-chair of the NP Working Group, spoke in opposition to reductions in primary care.

- Gregory Evans, Page Street Guest House – the program has been very successful, and has saved the city money. He is concerned about the proposed bed cuts.

- Jon Barash, Silver Avenue Family Health Center, spoke in support of the CPC Medical Director Position. This position is so important for a number of reasons. For example, the medical director implemented direct appointments from SFGH to the clinics. This greatly enhanced follow-up visits. This position is the thread in a tapestry, without which the tapestry will shred.

- Dale Milfay, National Alliance for the Mentally Ill, said creative financing rather than draconian cuts are what is needed. The cuts proposed are penny wise and dollar foolish. Her son, who is mentally ill, could not afford to make the co-payments. All administrators should for three months live on $750 per month, and donate the rest to the general fund.

- Paul Miller, spoke on behalf of Team II clinic – he has been a patient for ten years, and it is a very good clinic. It is a small clinic, which is why it is effective. Combining it with others will not replace the current services.

- Karen Patterson Matthew, Executive Director of the Bayview Hunters Point Foundation – appreciates the way the budget was put together, but she and others are bracing for the contingency cuts. She asked that the Commission be very thoughtful about what gets presented to the mayor. She thanked Dr. Parker for all of his work in the community and on the Commission.

- Patrick Monette-Shaw (submitted via e-mail) - This budget proposes in Initiative K-1 to eliminate the Bayview Multi-purpose Senior Services' Adult Day Health program to save a paltry $46,000, forcing 125 elderly clients to lose this service. If one or two of them fall at home and fracture their hip, not only may they face a statistic known as premature death, but the costs to treat them at SFGH followed by a rehabilitation hospitalization at LHH could wipe out this meager $46K savings. Initiative K-6, implementing a prescription drug co-payment for outpatients earning 100% of the federal poverty level is unethical. The City's AIDS community lobbied the California legislature just eight days ago claiming AIDS patients covered by ADAP should not be required to pay co-pays. It is unethical to claim one disease group should not have to pay them, but expect a diabetic patient from the Bayview to have to pay co-pays. This initiative estimates $110,000 decreased use of pharmaceuticals. For those unable to afford the co-pays, their medications will stop, and soon thereafter they may face disease progression, additional morbidities, acute hospitalization at SFGH and possibly rehabilitation hospitalization at LHH. It will not take many such patients to wipe out the proposed savings. Subtracting the $100K from the $285K annualized savings results in only $175K in new revenue. By eliminating just two of DPH's 16 manager's of information systems, you could preserve both the pharmaceuticals and the Bayview ADHC program, and still have $25K left over.

Commissioners' Comments

- Commissioner Guy thanked staff throughout the Department who worked on the budget. Last year DPH was cut to the bone, so the baseline cuts are very difficult. The Commission resolution should clearly state that these cuts would have an impact and how many people will be affected.

- Commissioner Parker thanked everyone who testified today and gave a face to his or her program. The Department should focus on best practices in six areas: develop a more effective prevention system; develop a waste reduction system; develop a full-employment system; develop a more effective taxation system; develop a universal healthcare system; develop a more effective allocation and reserve-funding system, particularly for the CBOs allocation. There is a dichotomy when people promote prevention, but fund direct services.

- Commissioner Penn asked if it is feasible to work with DPH contractors to see if there are additional ways to achieve costs savings. Dr. Katz said the program managers try to do this on a regular basis, to make sure we are getting the most services for the money. There are probably other cost-savings ideas, which are identified through discussion and partnership. Dr. Katz added that CBOs have only received a three percent COLA since he became Health Director six years ago.

- Commissioner Umekubo asked Dr. Katz to explain how the functions of the Chief of Service for Primary Care will be carried out. Dr. Katz said he plans to ask the remaining nine Chiefs of Service to take on various functions of this position. The administrative structure exists under Barbara Garcia. With regard to the co-pay, Commissioner Umekubo asked if the intent is to decrease utilization? If so, this seems unproductive. And did staff consider a lower co-pay? Dr. Katz said it is not the intention to decrease utilization, but he needed acknowledge that research shows that utilization does go down when co-pays are instituted. Commissioner Umekubo said there is chronic underfunding of healthcare, and it is more and more difficult to come up with creative ideas. The success stories related during public testimony underscore the importance of these services. Public Health should be a priority in this city. DPH should not have to take the same hit as other departments. He would like to know what cuts are being made in other departments, such as Police and Fire. He commended administration for cutting so many administrative positions.

- Commissioner Sanchez said it is so beneficial to have the chance to listen to individuals who have empowered themselves through different programs. It reinforces the purpose of the Public Health Department, and gives new fight to efforts to save the safety net. Indirect costs affect every single one of the contractors, and the City needs to get input and buy-in about the criteria and methodology. Perhaps there should be a pool available to non-profits to access insurance. He would rather see a smaller co-pay, such as $1 and $3. It has taken years to develop the Community Health Network. San Francisco now has a world-class model, and there needs to be one person that is accountable to and provides quality assurance for the overall operations of the primary care clinics. This could be accomplished various ways, such as a three-year rotation, an administrative stipend, or other model.

- Commissioner Monfredini said that non-profits are accustomed to continuously re-evaluating their budgets and programs. In addition, the Budget Committee has worked hard to identify and eliminate waste in non-profits. She thanked staff for all their work. She said the Commission, Dr. Katz and DPH managers will spend countless hours working on the budget. In addition, community groups will spend hour organizing and testifying against cuts. Yet when the budget gets to the Board, somehow they find the money to restore programs. She apologized for the need to have to go through this every year.

- Commissioner Chow commended staff for finding so many cuts while minimizing direct service reductions. Although these cuts will have an impact, it is less than it could be. He acknowledged the public for the strength and commitment to come speak to the Health Commission. DPH is closing the baseline budget on our own county workers' backs. If there is not an administrative structure in DPH's $1 billion operation, it will not be able to get the most for the money, nor provide the assistance that smaller agencies need. The Commission's resolution needs to illuminate this fact. He questions whether or not indirect costs should be uniform. Smaller agencies could have very large indirect costs. He is hoping that the process be uniform, not the number. None of our contracts have kept up with the cost of living. One of his smaller concerns is that the Citywide Forensic program is not included in the base. The report to the Commission demonstrated tremendous outcomes, and this program should be picked up somewhere. Finally, if this budget is forwarded to the Mayor's Office, the Commission should express that the department has done its fair share.

- Commissioner Guy said it would be worthwhile to have a serious discussion with the Mayor and Board of Supervisors about funding the structural deficit in the jails, and who is responsible for these services. We have to collaborate over the next decade on taking responsibility. The

Citywide Forensics Team is a perfect example of how a good program gets lost. The cuts over the last several years have had an impact, even though the Board of Supervisors has restored many of the DPH cuts. For example, SFGH cannot fill its nursing positions. She asked for more information about whether the cuts are having a disproportionate impact on women's and girl's services. She would like this information before the budget is forwarded to the Mayor. She said that the Commission needs to acknowledge that more is being required by administrative staff, for example in the area of cultural competency. Administrative cuts will clearly impact staff's ability to perform.

8) PUBLIC COMMENT

Patrick Monette Shaw (submitted via e-mail) - The proposed '04-'05 budget thankfully addresses the issue of capping indirect costs to service providers holding DPH contracts; this is long overdue. I urge this Commission to put a salary cap above which contractors will not be allowed to claim indirect costs. An executive director, like Pat Christen at the SF AIDS Foundation, making 200,000 should not be allowed to claim indirect costs above, say, $90,000. Contractors holding multiple contracts should be allowed to claim indirect costs for only one contract. Operational overhead expenses should have a reasonable usual-and-customary cap above which indirect costs would be disallowed. Commissioner Monfredini once advised non-profit contractors to do additional fundraising for COLA raises; this Commission should issue a formal policy prohibiting COLA's not awarded to City employees, and COLA indirects. I welcome new Commissioner Jim Illig. However, because he is president of the HIV/AIDS Provider Network, as a matter of conflict-of-interest he should recuse himself from voting on Budget Committee consent calendar items. As principal author of the Mayoral transition team report on health and human services, which report noted the rebuild of Laguna Honda Hospital should be reconsidered, Illig should recuse himself from voting on any and all matters before the Commission regarding LHH, again to prevent real or perceived conflict-of-interest.

9) ADJOURNMENT

The meeting was adjourned at 7:20 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 03-04

OPPOSING REDUCTIONS IN SAN FRANCISCO'S RYAN WHITE CARE ACT TITLE I AWARD

WHEREAS, Title I of the Ryan White CARE Act provides emergency assistance to the 51 metropolitan areas most heavily affected by the domestic AIDS epidemic and supports comprehensive HIV health care and treatment for increasing numbers of uninsured and underinsured persons; and,

WHEREAS, the San Francisco Department of Public Health receives Title I funding to provide services for persons living with HIV/AIDS in the San Francisco Eligible Metropolitan Area (EMA), which includes the Counties of San Francisco, Marin and San Mateo; and,

WHEREAS, the San Francisco EMA has a population of 1.8 million and an estimated 23,000 people living with HIV/AIDS, approximately 19,000 of which live in San Francisco; and,

WHEREAS, improved access to care and increasingly effective HIV treatments have resulted in a decline in deaths among persons living with HIV/AIDS, which, in turn, means that there are more people living with HIV/AIDS and, consequently, more people in need of services; and,

WHEREAS, San Francisco was one of the first epicenters of the epidemic and the San Francisco EMA continues to be one of the hardest hit metropolitan areas in the country, with:

- The highest rate of total AIDS cases per 100,000 residents,
- The third highest number of total AIDS cases,
- The fifth largest number of living AIDS cases, and
- The tenth highest rate of new AIDS cases in the nation.

WHEREAS, the San Francisco EMA relies on Ryan White CARE Act Title I funds to support an increasing proportion of care and services provided to approximately 12,000 persons living with HIV/AIDS; and,

WHEREAS, despite this demonstration of severe need, the 2004 Title I award for the San Francisco EMA has been reduced by $4 million, which represents 12.1 percent, from $33 million in federal fiscal year 2003 to $29 million in federal fiscal year 2004; and,

WHEREAS, a funding reduction of $545,110 in the formula portion of the Title I award was expected, but the San Francisco EMA did not anticipate a 21 percent reduction in the supplemental portion of its Title I award; and,

WHEREAS, the Department has consistently written excellent Title I supplemental award applications, which have been cited by the Health Resources Services Administration as examples of well-written proposals; and,

WHEREAS, the cut to San Francisco's funding was the largest dollar reduction experienced by any eligible metropolitan area and the third highest reduction by percentage; and,

WHEREAS, in accordance with the priorities set by the San Francisco CARE Council, the following services will be eliminated as a result of this significant funding reduction:

- 8,900 congregate meals
- 6,392 hours of transportation
- 1,779 dental procedures
- 1,225 hours of child care
- 1,171 hours of treatment adherence services
- 554 days of adult day health care services
- integrated case management for 527 people living with HIV/AIDS
- 8,821 hours of complementary therapy
- 2,989 hours of individual legal/immigration assistance
- outpatient substance abuse services for 322 multiply-diagnosed people living with HIV/AIDS

WHEREAS, San Francisco has established an extensive network of comprehensive programs, and reductions of this magnitude will destabilize the safety net established to support the most needy persons living with HIV/AIDS in our community; now, therefore, be it

RESOLVED, that the San Francisco Health Commission strongly opposes the $4 million reduction in Ryan White CARE Act Title I funding to the San Francisco EMA; and, be it,

FURTHER RESOLVED, that the San Francisco Health Commission directs the Director of Health to request from the Health and Human Services Agency a detailed explanation for the large reduction, relative to that of other EMA's, which should include the grant scoring process, final scores for San Francisco and other EMA's, and documentation on how allocations are made based on performance indicated in each application; and, be it,

FURTHER RESOLVED, that the San Francisco Health Commission directs the Director of Health to request that the Health and Human Services Agency provide for a reconsideration of the San Francisco EMA award by an outside unbiased review panel; and, be it,

FURTHER RESOLVED, that the San Francisco Health Commission urges the Mayor and the Board of Supervisors to use their advocacy resources to actively oppose the reduction in the San Francisco EMA's Title I supplemental award and to ensure that people living with HIV/AIDS in the San Francisco have access to the Ryan White CARE services they need to stay healthy.

I hereby certify that the San Francisco Health Commission at its meeting of March 16, 2004 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to the Health Commission

San Francisco
Department of Public Health
Budget Proposal
FY 2004-2005

Mitch Katz, M.D.
Director of Health
March 16, 2004

City Wide Budget

Total General Fund	$2.200B
Set Asides	1.100B
Discretionary General Fund	$1.100B
Total Projected Deficit	($0.258B)
Deficit as % of Discretionary General Fund	24%

The General Fund for DPH is $253.7M or 23% of the City Wide discretionary General Fund

Mayor's Instructions
Fiscal Impact

	DPH
• 04-05 GF Reduction (5.5%)	$13.0M
• 04-05 GF Contingency Plan (15%)	$37.1M
04-05 GF Reduction	$50.1M
04-05 GF Reduction as a % of $253.7M GF	19.7%

Adjustments to Base Budget

Before we can address the request to decrease our GF, we must take into account the unavoidable costs of doing business resulting from:

Inflationary Pressures	$ 1.5M
Structural Problems	$14.8M
Regulatory Requirements	$ 2.9M
Total	$19.2M

Adjustments to Base Budget

Changes in Inflationary Issues Since Last Meeting

Seeking funding for building maintenance for Direct Access to Housing	$(236,158)
Mayor will be convening discussion with UC on how to strengthen partnership	$(1,400,000)
Total Changes in Inflationary Issues	$(1,636,158)
Inflationary Issues	**$1,470,920**

Additional funding for Nurses MOU increases ($7.2M) not included in DPH budget

Adjustments to Base Budget

Changes in Structural Issues Since Last Meeting

Worker's Compensation Increases	$1,600,000
CalWORKS funding for Latino Commission	$(293,581)
Maternal and Child Health funding requirements	$(141,712)
Total Changes in Structural Issues	$1,164,707
Structural Issues	**$14,782,313**

Adjustments to Base Budget

Changes in Regulatory Issues Since Last Meeting

Services that can be funded through Prop C	$(102,256)
New Regulatory Requirements	**$2,937,243**

Adjustments to Base Budget

Changes in Revenue Since Last Meeting

SFGH – Standardization/OR Program & reanalysis of proposals	$ 151,595
Parking	$ 452,552
LHH cafeteria increases	$ 30,000
Environmental Health fee reanalysis	$(133,193)
Use of carryforward	$ 775,927
Total Changes in Revenue Issues	$1,276,881
Revenue	**$18,111,963**

Adjustments to Base Budget

Expand Community-Based Alternatives – Decrease Need for Institutional Care

Change license of MHRF	$1,791,899
Replace IMD beds with lower cost residential beds	$ 304,033
Use federal housing grant to create housing	$
Increase methadone and other opiate-based treatment	$(1,235,111)
Maintain Walden House Rep Payee program	$(75,000)
Total Expand Community-Based Alternatives	$ 785,821

Adjustments to Base Budget

Methadone Slots

	Expense	Revenue	General Fund
Maxine Hall (92 slots)	$192,832	$160,014	($32,818)
Bayview Hunters Pt (96 slots)	$347,109	$75,000	($272,109)
Methadone Van (100 slots)	$327,298	0	($327,298)
Replace SAMHSA Grant (100 slots)	$602,886	0	($602,886)
Total General Fund Impact			($1,235,111)

Adjustments to Base Budget

Target Populations Receiving Services – Allocate Resources to Those Most in Need and Who Lack Options

Admin, Operations and Referral Reductions	
15% reduction in Director's salary	$ 37,229
Decrease admin and ops positions (85 FTEs)	$5,070,202
Reorganize UM and Nurses Ed - SFGH and LHH	$ 563,603
Prop C admin efficiencies	$ 750,000
Primary Care admin decreases	$1,038,627
Consolidate Mental Health clinics	$ 195,818
Eliminate overlapping functions in UCSF Psych Social Workers	$ 538,837
Jail Health Staffing Restructure	$ 79,990
Walden – Residential program efficiencies	$ 292,212
Reorganize Asthma Prevention Program	$ 40,369
SFGH Patient Referral/Urgent Care consolidation	$ 270,723
Total Admin, Operations, and Referral Reductions	$8,877,610

Adjustments to Base Budget

Strengthen and promote prevention

(Included under section on revenue neutral proposals)

Increase capacity at Women's Health Center

Establish Mobile Ophthalmology Service

Adjustments to Base Budget

Use Data to Reorganize, Reprioritize or Eliminate Services Based on Performance Measures and the Strategic Plan

Institute copay for pharmaceutical to patient with incomes greater than 100% of Federal Poverty Level	$ 232,500

Behavioral Health Cuts

Substance Abuse	
Mt. St. Joseph's Epiphany Center	$ 260,000
Walden House- Intensive Treatment Services	$ 191,554
Walden House – Parenting	$ 91,956
San Francisco Study Center	$ 40,000
Short-Doyle Medi-Cal revenue that replaces General Fund	$ 130,985
Total Substance Abuse	$ 714,495

Adjustments to Base Budget

Use Data to Reorganize, Reprioritize or Eliminate Services Bas on Performance Measures and the Strategic Plan

Behavioral Health Cuts

Mental Health	
Conard House – Transitional Residential Treatment	$ 100,000
Private Provider Network (PPN) Outpatient Mental Health	$ 352,500
Anchor Project – OP Program	$ 33,825
Total Mental Health	$ 486,325

Adjustments to Base Budget

Use Data to Reorganize, Reprioritize or Eliminate Services Based on Performance Measures and the Strategic Plan

Other Eliminations/Reductions or Reprogramming

Bayview Hunter's Point Adult Day Health	$ 46,295
Homeless Seniors Housing Project	$ 240,000
Medical Respite	$ 500,000
Ark of Refuge House	$ 236,208
Standardized Contractors Indirects	$1,500,000
Interpreter Services	$ 372,018
California Acupuncture Resources	$ 33,333
Total Other	$2,927,854

Adjustments to Base Budget

Changes in Positions (FTEs)

Position Additions	43.43
Position Reductions	(129.9)
Net Position Change	(86.47)

Adjustments to Base Budget

Conclusion

- Base budget cuts are serious, but almost all direct services have been preserved.
- Contingency cuts will be more difficult because we have already taken administrative and operating reductions in the base.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
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John I. Umekubo, M.D.
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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Web Site: http://www.dph.sf.ca.us

AGENDA

SPECIAL HEALTH COMMISSION MEETING

DOCUMENTS DEPT.
MAR 18 2004
SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, March 23, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF MARCH 16, 2004**
**Minutes of the meeting of March 16, 2004*

3) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

4) **FOR DISCUSSION AND ACTION:** **CONSIDERATION OF A RESOLUTION REGARDING THE PROPOSED FISCAL YEAR 2004-05 HEATLH DEPARTMENT BASE BUDGET**
(Mitchell H. Katz, M.D., Director of Health)
*(*Proposed Resolution)*

5) **PUBLIC COMMENT****

6) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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MINUTES

SPECIAL HEALTH COMMISSION MEETING

Tuesday, March 23, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

MAR 3 1 2004

SAN FRANCISCO
PUBLIC LIBRARY

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Lee Ann Monfredini, Vice President
Commissioner James M. Illig
Commissioner Michael Penn, M.D., Ph.D.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Roma P. Guy, M.S.W.

Commissioner Chow introduced Commissioner Jim Illig, Mayor Gavin Newsom's first appointment to the Health Commission. Commissioner Illig described his background and shared his priorities with his fellow Commissioners, staff and members of the public. His three priorities are:

- Do whatever is necessary to alleviate homelessness
- Focus on the health needs of all San Franciscans. While the Department has a special responsibility to care for the poor and uninsured, it must serve all San Franciscans.
- Focus on results and outcomes of patients and clients, rather than institutions, employees and contracts

Commissioner Illig's perspective is one of both an outsider and an insider. He has been observing the Health Commission since 1985, when it was created. Now that he is on the Commission, he believes that government is its citizens, and public office is a public trust. As he begins his service here, he will pay attention to the public's perspective. He looks forward to working with his fellow Commissioners, Dr. Katz and the public.

2) APPROVAL OF THE MINUTES OF THE MEETING OF MARCH 16, 2004

Action Taken: The Commission (Chow, Illig, Monfredini, Penn, Sanchez, Umekubo) approved the minutes of the March 16, 2004 Health Commission meeting.

3) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Public Health Week Activities, April 5 - 11

The San Francisco Department of Public Health will observe National Public Health Week April 5th to 11th. The theme this year is ***"Eliminating Health Disparities, Communities Moving from Statistics to Solutions"***. Planned activities include two Brown Bag Lunch presentations, one by Sandra Hernandez, M.D., Executive Director of the San Francisco Foundation and former Director of Health of the San Francisco Department of Public Health, and one by Kevin Grumbach, M.D., Chief of Family and Community Medicine at SFGH and Research Director for the UCSF Center for the Health Professions. In addition, the Health Education Training Center will present a session entitled ***"A Public Health Approach to Health Disparities."*** For further information contact Carolyn Lieber at 255-3470 or via email at: carolyn.lieber@sfdph.org.

Barry Zevin Receives Community Hero Award

Dr. Barry Zevin, Medical Director of Tom Waddell Health Center, was recognized by Saint Francis Memorial Hospital as one of its 2004 Community Heroes. A $10,000 award, to be donated to Tom Waddell Health Center, accompanies the recognition. The Community Hero award is given to individuals who go "above and beyond" normal expectations to create a healthier environment for the community served by Saint Francis Memorial Hospital, especially the poor and underserved. As Medical Director of Tom Waddell Health Center, Dr Zevin has served homeless, indigent and underserved populations for many years. He is recognized as a local and national expert on health care for homeless people, HIV and hepatitis C care. Dr Zevin was instrumental in founding the first public transgender primary care clinic in the nation, planning and working with the Homeless Death Prevention and HOPE health care teams, collaborating to start the first community based medically supported residential detox program in San Francisco, and planning and implementation of the McMillan Stabilization Pilot Project.

McMillan Stabilization Pilot Project Open House

The San Francisco Public Health and Fire Departments along with Community Awareness and Treatment Services (CATS) are hosting a 3-day Open House from April 5 – 7 for the McMillan Stabilization Pilot Project. Invitations have been extended citywide to paramedics and emergency room physicians. The purpose of the Open House is to promote better understanding of the McMillan Stabilization Project as well as to encourage utilization.

Commissioners' Comments

- Commissioner Illig asked for a list of the Strategic Plan community meetings. Dr. Katz informed the Commission that there will be one meeting in each of the supervisorial districts, and all meetings are open to anyone who wishes to attend.

- Commissioner Chow stated that the Commission would have formal input into the Strategic Plan update process through the Joint Conference Committees.

4) CONSIDERATION OF A RESOLUTION REGARDING THE PROPOSED FISCAL YEAR 2004-05 HEALTH DEPARTMENT BASE BUDGET

Dr. Katz presented the Commission new information on issues that were raised at the previous Health Commission meeting, including information on pharmaceutical co-pays, status of MediCal funding for methadone, status of the Mentally Ill Offender Crime Reduction Grant, the proposal to combine clinics, additional issues involving Walden House and the proposal to decrease administrative positions in Primary Care (see memo, Attachment A).

Commissioner Illig asked how Walden House would be able to save $300,000 and reduce the length of stay, yet still keep the same number of clients. Dr. Katz replied that Walden typically has longer lengths of stay than other contractors. So there may be a reduction in the static number of beds, but in terms of the number of clients the agency serves, there should not be a reduction.

Public Comment

- Norma Hotaling, Executive Director of SAGE, thanked the commission for retaining substance abuse programs, which is the cheapest services the department can buy.

- Greg Parks, Team II Clinic, said there are so many people who still need the services provided by the Team II Clinic.

- Angel Temple, Client of Team II, opposed to the relocation and consolidation of the clinic to the OMI Mental Health Clinic. Patients like her would fall through the cracks, and instead of saving money there would be more hospitalization of patients.

- Sharon Parks, patient at Team II Clinic, opposes the relocation of the clinic. It will be disruptive and reduce the quality of care.

- Rolando Alfonso, Citywide helped him stay clean for two years, helps him with his medication, and he has had no problem with the law for the past two years.

- Debbie Woods, Citywide client, said this agency saved her life. All the staff is very supportive.

- Billy Powell, has been incarcerated many times over the years. Citywide Clinic gives him everything he needs, and is the best type of rehabilitation he has ever had.

- Kinneth Bell, client at Citywide, said the program is helping him deal with depression and other problems. Please help the agency.

- Michael Williams, client at Citywide, has been in and out of jails and hospitals for 20 years. Citywide is helping him with his life. Please keep the program.

- Jay Ordman, objects to the Mayor's request for a $50 million cut in healthcare spending, instead of raising taxes on the very wealthy and big businesses.

- Larry Young, client of Citywide, said the program has provided him with medication and housing. It is the first program in his life where he has had anger management, harm reduction and other programs. Please try to keep the program open.

- David Fariello, program director at Citywide Case Management. If this program terminates July 1st, in addition to losing 100 treatment slots, there will be negative impacts to two other partner programs that share space with Citywide. Second, although appropriate mental heath treatment is reducing jail days, the primary result has been success in getting citizens who suffer from mental health and substance abuse into treatment often for the first time in their lives.

- Jane Kiskiras, client of Maxine Hall Health Clinic, Maxine Hall is the best healthcare she has ever received. The staff are real caregivers.

- Jenelle, Team II Clinic, said the clinic provides services to a community that otherwise would not seek help. The clients will not seek services in a place they do not feel comfortable in. Let Team II remain.

- Kathleen Ryan, Chair of the CHN NP Professional Development Group - the group is sad and dismayed at the sudden termination of David Ofman. His dismissal leaves a void in leadership and advocacy. He has worked diligently to improve care and access for indigent patients. Dr. Ofman has been a mentor to many CHN nurse practitioners.

- Bruce Folsom, social worker at Southeast Mission Geriatrics. The proposed location is inappropriate for its clients. It is far away for most of the clients and is in a heavily congested neighborhood. In addition, the proposed location has had environmental problems.

- Arthur Bosse, National Council on Alcoholism. Substance abuse problems exist regardless of whether or not there is funding. Spending money in this area saves money in so many other areas. The Health Commission must advocate to at least maintain the level of substance abuse services.

- Martha Hawthorne, PHN at Castro Mission Health Center, is very concerned about the administrative cuts to Primary Care. These cuts will impact patient care and will result in the health centers serving fewer patients.

- Elizabeth Smith – Maxine Hall Health Center transformed her life. Do not make cuts to Primary Care.

- David Hall, client of Morrisania West, read from a letter he submitted to the Commission (on file).

- Yehiel Yisra-el, Morrisania West, said more funding is needed, and more cuts should be taken elsewhere. The Health Commission has the bully pulpit to say to the corporations and leaders, in a peaceful revolution, that these cuts are draconian.

- Maurice May, Morrisania West, said his job is to help teens prepare for employment and get jobs. Please say no to budget cuts to the Health Department, because the youth need these programs.

- Piers MacKenzie, Friends and Families of the MHRF, hopes that Commissioner Illig supports the direction of the MHRF Blue Ribbon Committee, which has been endorsed by the Health Commission.

- Dale Milfay, said the Commission must take a stand and demand alternative sources of revenue. We cannot continue these draconian cuts. People with mental illness cannot get better with shorter stays. Patients with poverty-level incomes should not be charged a pharmaceutical co-pay—and remember that psychotropic drugs are not generic.

- Debbie Lerman, Human Services Network, expressed concern about standardized indirect rates. The methodology should not be developed in a budget-cutting context, with the assumption that there will be a $1.5 million savings.

- Ed Kinchley, Local 790, said the Department has a commitment to culturally competent care, yet for the past three years the Commission has recommended cutting the interpreters at SFGH. It is a fantasy that bilingual staff have time to interpret in addition to their regular jobs. Tell the City that the Health Department does not have enough resources to carry out its mission.

- Michael Lyon, Save Public Health, is outraged at the proposed per-prescription co-pays. The plan to remove the medical director and clinic administration only indicate that the big cuts are coming. The large contingency cuts are being developed in secret. He submitted a letter written by Dr. Kevin Grumbach in 1999 on the affects of charging co-pays.

- Gene Hartman, Jr., client of Bayview Hunters Point Foundation, said that the agency's services have helped him and please keep the methadone and acupuncture programs.

- Geoffrey Grier, San Francisco Recovery Theater and Chair of the Treatment on Demand Council – said that African Americans are going to be disproportionately affected by the budget cuts. The system is obviously broken. Primary Care needs more resources.

- Sasha Cuttler, R.N., provided his testimony in Spanish on behalf of his patients at SFGH who speak other languages. If the Commission does not understand what he is saying, then they understand how patients without a translator feel. The people are asking for help. How can someone talk to a nurse or a doctor if there is no one to provide translation? There are frequently waits for medical services. Please save more public health services, not less. This proposal is dangerous. Mr. Cutler then provided his testimony in English.

- Matt Crawford, Friends and Family of the MHRF. He thanked the Commission for saving the MHRF, and increasing the use of Buprenorphine for heroin use. His friend was prematurely released from the MHRF, and is now deteriorating and is no longer conserved.

Please maintain conservatorship. And people who are severely mentally ill should not be threatened with losing their housing.

Commissioners' Comments

- Commissioner Chow asked for clarification that the day and evening shifts of interpreters are being maintained. Dr. Katz said last year's budget recommended eliminating the night shift, which provided Spanish and Chinese translation. The average usage was two per night. When the Board of Supervisors restored the funding, the Department used that allocation to enhance the number of translators during the day. But, because the City almost immediately implemented a hiring freeze, DPH was never able to fill these positions. So, the positions that are recommended to be eliminated are funded but not filled. DPH does pay substantial amounts in premium for staff that is bilingual. While it is true that staff is very busy, it raises the question of whether the bilingual premium is appropriate. But this is an MOU issue.

- Commissioner Illig asked if the vacant translator positions are maintained in next year's baseline. Dr. Katz said the five vacant positions are on the table to be cut.

- Commissioner Sanchez said there would likely be even greater oversight over Title VI, which requires adequate linguistic services. San Francisco has been one of the key leaders in this area. The Department needs to examine whether it would be vulnerable to Title VI challenges and to make sure we maintain our leadership in this area. Dr. Katz said that even with the reduction in translators, SFGH would still be far ahead of other hospitals in San Francisco.

- Commissioner Umekubo asked for an update on the use of video conferencing for interpretation. Dr. Katz said there is a pilot project in progress, such a system would benefit Primary Care, and would be useful for uncommon languages.

- Commissioner Chow suggested that the San Francisco General Hospital Joint Conference Committee continue to monitor proposed reductions in translation services, including whether the cuts are part of the final budget, what the impacts are, how the impacts could be minimized, and the status of the pilot project to use video conferencing.

- Commissioner Penn asked for more information about the impact of shortened stays at Walden House. Dr. Katz said that ideally a person would stay in residential treatment long enough to have a job and a home. This is not the standard of care DPH is currently providing. With utilization management, clients are examined more closely to see if patients are able to leave the program. This proposal stemmed from the fact that Walden House has longer average lengths of stay than other contractors. Commissioner Penn asked the Department to work with our contractors to explore whether other cost savings opportunities exist.

- Commissioner Illig said that capacity will be lost with the change to Walden House's program, because while the same number of people are being served, there will not be as many beds in the contract. Dr. Katz reiterated that none of Walden House's facilities would be closed. Ms. Garcia added that the Department does not have utilization review with substance abuse treatment providers, so this will be a collaborative experience.

- Commissioner Penn is bothered by the fact that there is no plan for indirect costs, so the Commission cannot know the impact on contractors and services. Dr. Katz said it is an across-

the-board cut on agencies. In the best-case scenario, the standardized methodology would be developed without an assumption of a $1.5 million savings.

- Commissioner Illig said the recommendations of City's Non-Profit Contracting Task Force, which have been approved by the Board of Supervisors, would help the Health Department and other departments develop the methodology for indirects.

- Commissioner Monfredini reminded the Commission that Walden House has been forced to undertake a dramatic self-assessment over the past year, which allowed them to come to the table with budget ideas. Ms. Garcia has worked tirelessly with the organization.

- Commissioner Penn asked for more information about the ventilation issues at the OMI Mental Health Clinic. Dr. Katz said that OMI site has had physical problems, but all have been corrected to the satisfaction of two industrial hygienists. Commissioner Penn is concerned about changes to Primary Care administration. Dr. Katz said the staff would make Primary Care work. Although the cuts are stiff, it is unusual by comparison to see clinics of this size with a full-time medical director, a full-time administrator, a full-time nurse manager and a full-time principal clerk. Commissioner Penn commended Dr. Katz for reducing his own salary. He asked his fellow Commissioners if they would be returning their meeting stipends. Commissioner Chow said Commissioners would be doing this. Commissioner Penn noted that many of the proposed cuts will disproportionately impact the African American community and he wants this reflected in the resolution.

- Commissioner Monfredini commended staff for developing additional alternatives in the week since the last meeting. She also recognized that 85 DPH employees will be losing their jobs, and this is difficult. She thanked Dr. Katz for looking within the Department first.

- Commissioner Sanchez said the proposed budget is painful. San Francisco has an unrivaled primary care system, which needs continued leadership. He asked that the change to Primary Care by monitored closely by the CHN Joint Conference Committee, as well as review of the merger of the three clinics to see that quality of services does not decline.

- Commissioner Umekubo said a lot of changes are being proposed, and the impact of these changes in unknown. It is critical that the Health Commission receives updates so that it is able to rectify problems next year. With regard to Primary Care, anytime changes in leadership are made, there is a discomfort on the part of staff and there needs to be constant communication.

- Commissioner Illig said the advocacy now moves across the street and the Commission and the public need to be taking the message to the Mayor's Office and the Board of Supervisors that this level of cuts in unacceptable. He asked Dr. Katz to develop options for the contingency budget. He is prepared to ask the elected leaders to be excused from this next phase, at least for now.

Action Taken: The Commission (Chow, Illig, Monfredini, Penn, Sanchez, Umekubo) amended the proposed resolution to add to the end of the sixteenth Whereas clause *"and may reduce direct services;"*

Action Taken: The Commission (Chow, Illig, Monfredini, Penn, Sanchez, Umekubo) amended the proposed resolution by adding language to the eighteenth Whereas clause, so that the clause reads "Whereas, the Health Commission

remains *strongly* opposed to service cuts that reduce safety net services, *and recognizes that such cuts disproportionately affect the African American population and the mentally ill in San Francisco;* "

Action Taken: The Commission (Chow, Illig, Monfredini, Penn, Sanchez, Umekubo) amended the sixth Resolved clause of the resolution so that it now reads: "Further Resolved, that the Health Commission requests that the Health Department work closely with City Administration to develop a standard policy for indirect costs that *maximally protects direct services and* is appropriate to the various types and sizes of non-profit contractors that the Department does business with;"

Action Taken: The Commission (Chow, Illig, Monfredini, Penn, Sanchez, Umekubo) unanimously adopted Resolution #04-04, "Approving the Submission of the Department of Health's Base Budget for FY 04-05, and Urging the Mayor and the Board of Supervisors to Develop Strategies for Avoiding Serious Cuts to the County's Health Safety Net Services" (Attachment B), with the amendments.

5) PUBLIC COMMENT

- Debra Brown, Castro-Mission Health Center, spoke in opposition to the administrative cuts in primary care. There will be chaos in the system. She submitted a statement for the record (on file).

6) ADJOURNMENT

The meeting was adjourned at 5:50 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (2)

Note:

These Minutes will be adopted at the next Health Commission meeting. Any amendments to these Minutes made by the Health Commission will be recorded in the Minutes for the next Health Commission meeting.

City and County of San Francisco

Department of Public Health

Mitchell H. Katz, MD
Director of Health

MEMORANDUM

DATE: March 23, 2004

TO: President Edward A. Chow, MD
and Members of the Health Commission

FROM: Mitchell H. Katz, MD
Director of Health

RE: **FY 04-05 Health Department Budget**

In last week's budget hearing several issues were raised by the Health Commission. This memo presents new information where available on these issues.

A. Additional information on the rationale for charging a copay for pharmaceuticals to patients with incomes greater than 100% of the Federal Poverty level and the proposed level of the copay

As you know, other county health systems charge a copay for pharmaceuticals and if our clients were to become insured (a major goal of the Commission), the clients would have to pay a copay. Clients in Healthy Workers, Healthy Families, and Healthy Kids all pay pharmaceutical copays along with employees of employers subject to the Health Care Accountability Ordinance. The following compares the copays for these programs to the proposed copay schedule for clients at greater than 100% of poverty.

	Generic	Proprietary
Healthy Workers	$3.00	$5.00
Healthy Kids and Healthy Families	$5.00	$5.00
Health Care Accountability Ordinance (Minimum Standards)	$15.00	$25.00
Proposed copays for clients at greater than 100% of poverty	$5.00	$10.00

(415) 554-2600 101 Grove Street San Francisco, CA 94102-4593

B. Status of MediCal funding for OBOAT and the Methadone van

At this time there is no reimbursement from MediCal for either the OBOAT or Van. The status of each program with respect to MediCal reimbursement is described in more detail below.

Both OBOAT and the Van were implemented as the result of Federal grants, and officially operate under a pilot program with the State. To end the pilot status and be able to claim MediCal, the following actions need to occur:

1. Enabling legislation must be passed at the State level authorizing the provision of OBOAT and Van services
2. Development of State regulations pertaining to these services
3. Approval of the regulations by the Governor
4. Application for MediCal reimbursement

OBOAT

Steps 1 and 2 have been completed. Assuming that the Governor approves the regulations despite likely strong objections from the Narcotic Treatment Providers (NTP) who do not all support competition for the provision of Methadone, it is estimated to take up to 12 months for the MediCal certification to be in place.

The OBOAT program currently has 35 enrollees, of which 24 are being seen in community - based sites, and 11 are being seen by OTOP at SFGH. Of the 24 clients, 17 are receiving Methadone and 7 are receiving Buprenorphine. In FY 2004-05, it is expected that this program will reach full enrollment of 200 clients, of which 55 clients will receive Methadone and 145 clients will receive Buprenorphine.

Of the 35 current enrollees in OBOAT, five of the clients, or 15% are MediCal eligible. Although the process for OBOAT MediCal certification is 50 percent completed, once the MediCal certification is finalized, it will still not apply to Buprenorphine. This medication is currently not regulated by the State, and would require both State and Federal legislation to regulate. The reasons the Department is projecting the FY04-05 expansion of OBOAT to be mostly for clients on Buprenorphine, which isn't MediCal eligible, include the following:

1. Less restrictive Federal guidelines for dispensing this medication, which will make it more practical for physicians to dispense through their office (the goal of OBOAT).
2. Less restrictive guidelines for the client, e.g. there are no counseling requirements, and the limitations on take-home quantities are less than Methadone.
3. Less side effects and clients report higher functioning.
4. Medication is targeted towards new users, so there is a greater possibility of breaking the cycle of heroin addiction with an earlier intervention.
5. There is no street value.

Methadone Van

Enabling legislation for the Methadone Van will occur during the current legislative session. From start to finish, it is estimated to take from 12 to 18 months for the certification to be in place.

Impact of MediCal certification

Although our goal is to obtain MediCal certification for both OBOAT and the Methadone Van, the lack of certification will not have a material affect on our budget. As a point of context, of a total of approximately 12,700 unduplicated substance abuse clients, approximately 20 percent are MediCal eligible, or 2,500 clients. Of these clients, approximately half receive Methadone, and the rest receive other MediCal eligible services. Annual reimbursement for a Methadone slot is approximately $4,000 annually. To maximize revenues MediCal eligible clients will be assigned to MediCal reimbursable slots, and we will use the General Fund to support methadone related treatment strategies for indigent uninsured persons.

C. Status of the Mentally Ill Offender Crime Reduction Grant

As part of the jail report, we highlighted a program provided by the Citywide Forensic Team (Team) that is currently partially funded by the State Board of Corrections Mentally Ill Offender Crime Reduction Grant. The Team has been serving severely mentally ill offenders who suffer substance abuse disorders since January 2000. During this time the program has amassed considerable expertise and resources enabling the treatment of clients who are high users of both mental health acute services and the criminal justice system. In particular the program has been shown to produce a substantial decrease in recidivism back to jail, resulting in a major savings for the City.

The FY 2003-04 budget is $1,128,767, of which $533,113 is funded by the grant, $464,388 is matched by the federally funded portion (FFP) of MediCal and the remaining $131,266 is Realignment and General Fund. There are 100 treatment slots.

The grant expires in March 2004. The cost of maintaining this program in FY 2004-05 is $533,113. We are currently discussing with the Mayor's Office potential methods for maintaining this program.

D. Proposal to consolidate the Southeast Mission Geriatric and Team II Mental Health clinics with OMI Mental Health Clinic and impacts this relocation will have on the clients

The goal of the proposal is to create a comprehensive family clinic that serves children, adults and geriatric clients and is a more functional operating unit. Currently, the Team II and the SE Mission Geriatric Services are small programs that have difficulty meeting all the demands of the system. For example, clinicians may need to serve as receptionists when their clerk is out on sick leave or vacation. The Geriatric program also has difficulty meeting the system's advanced access standard of assessing clients within 24-48 hours of request for service. Because staffing is so skeletal at these small programs, any staff vacancy or leave creates major problems in meeting service demand. By consolidating the three programs,

there would be a greater mass of staff to be able to cover the variety of functions of an outpatient service and to meet requirements and standards.

The Department does not believe that the impact to the clients will be significant. However, if there are individual cases of hardship, the Department will work with these clients to reassign them to a different clinic. All three of the existing clinics are located in the same area of the City, while the clients are spread throughout the City. The OMI clinic is located directly on a MUNI train line. Additionally, a significant number of clients served by the South East Mission Geriatric clinic receive their services in their homes, so there would not impact to these clients.

E. Additional information and resolution of issues involving Walden House

It was the goal of the Department to avoid cuts to residential substance abuse programs in the base budget. Nonetheless, we proposed two cuts to Walden House residential programs. One eliminated funding for the Walden House Intensive Treatment Services program (WHITS), and the second reduced funding to their residential program by $292,212, a 10% reduction.

Following last week's Health Commission meeting and public testimony heard at the meeting, Barbara Garcia met with Walden House leadership, and I spoke with them by phone. We were able to make the following agreements:

Walden House Intensive Treatment Services (WHITS) - This 5-bed residential program serves clients with co-occuring mental health and substance abuse issues. The program reduces homelessness, and is a cost effective alternative to psychiatric emergency and inpatient services. The program provides assessment, medication services and stabilization.

In our budget presentation, we proposed an elimination of $191,554, comprised of a 100% reduction of funding for WHITS of $274,887, offset by an $83,333 allocation of funding to Walden's residential program. This reduction was proposed based on the belief that the WHITS program was located at a facility that was not licensed or licensable. However, since the base budget was prepared, Walden was able to identify a new site at a licensed facility and consolidate the WHITS program with two other programs also located there. Walden believes that efficiencies associated with the relocation and consolidation will allow them to achieve a General Fund savings of $33,000 without any reduction of service. We are therefore revising our base budget to restore funding to WHITS, less a $33,000 reduction.

Residential Program Efficiencies – Walden House believes that they can absorb the baseline reduction of $292,212 in their residential program without a decrease in the unduplicated number of patients served by working with Behavioral Health to reduce length of stay. Therefore our proposed reduction to this program is unchanged.

Financing the restoration of funding to WHITS – To prevent a reduction of residential beds at WHITS, the Mayor's office has allowed us to bring in $158,554 of surplus carry-forward from the current year to fund the restoration to Walden House. Because this funding is one-time funding, they have been reluctant to allow rollover funding into the base, preferring to hold current year surplus for inclusion in the contingency plan. Nonetheless, they have

agreed to make an exception in this case. Following is the composition of the funding restored:

Restore WHITS program funding	$274,887
Withdraw additional funding for the residential program to serve displaced WHITS clients	(83,333)
Reduction for administrative efficiencies	(33,000)
Total Restoration	$158,554

F. Dealing with the decrease in administrative positions in Primary Care

In our budget presentation, we proposed eliminating a total of 9.7 FTEs in Primary Care. This decision was made because there is a tremendous demand for primary care services and we did not want to make any direct service cuts in the primary care area. In terms of the responsibilities of the primary care medical director, we will ask the nine medical directors of the different health centers to take on increased responsibilities to handle the issues that have been performed by the 0.5 FTE primary care medical director. I will be meeting with the primary care medical staff tomorrow at 5:30 to discuss these issues in greater depth. In terms of the administration of each center, we will be asking that each of the center directors, each of the nurse managers, and each of the principal clerks manage two health centers. We recognize that this will place an increased burden on remaining staff but we believe it is the only way that we can maintain direct services in primary care within the base budget. Community Programs will continue to provide administrative support to Primary Care.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 04-04

APPROVING THE SUBMISSION OF THE DEPARTMENT OF PUBLIC HEALTH'S BASE BUDGET FOR FISCAL YEAR 2004-05, AND URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO DEVELOP STRATEGIES FOR AVOIDING SERIOUS CUTS TO THE COUNTY'S HEALTH SAFETY NET SERVICES

WHEREAS, the City and County of San Francisco is facing a $258 million dollar shortfall for fiscal year 2004-05 and the Mayor's Budget Office has required that each Department absorb their own increases in costs and further decrease their utilization of General Fund by 5.5% for the base budget and develop a contingency plan that will decrease the utilization of their General Fund by an additional 15%; and,

WHEREAS, the consequence of these instructions is that Department of Public Health must absorb $19 million dollars in unavoidable increases, and decrease its General Fund usage by $13 million in the base budget and $37 million in the contingency budget; and,

WHEREAS, the base budget includes funding to address structural deficiencies such as the Jail Health Services budget, which historically has been underfunded by the City and County; and,

WHEREAS, these are the largest single year General Fund cuts that DPH has ever had to make and there is no way to make cuts this size without eliminating vitally useful services; and,

WHEREAS, the Department has been creative in increasing revenues by $18 million dollars and developing $9 million dollars of administrative and operations reductions; and,

WHEREAS, included in the $9 million dollars of administrative and operations reductions are $5 million dollars in as yet undetermined administrative staff reductions equating to 85 full-time budgeted positions providing administrative support to all areas of the Department's operations; and,

WHEREAS, this level of administrative reductions will impact the Department's ability to efficiently and effectively manage the Department's myriad programs; and,

WHEREAS, despite the size of the fiscal shortfall, the Department has preserved all prevention and promotion activities, all children's programs, and all residential mental health and substance abuse programs; and,

WHEREAS, the Department has allocated new General Fund resources to maintain and expand methadone maintenance and Rep Payee services; and,

WHEREAS, although the base budget avoids large-scale program reductions, it eliminates many useful programs and requires that community-based agencies reduce their administrative expenses; and,

WHEREAS, the Department used the principles recommended by the Strategic Plan for planning in times of fiscal constraints to construct the least harmful budget cuts possible; and,

WHEREAS, the base budget does not contain a Cost of Living Adjustment (COLA) to contractors or to the University of California for providing health services, which will result in the reduction of services to the Department's clients and patients; and,

WHEREAS, the base budget does not include funding to restore the 7.5% pension contribution made by City employees for the 2003-04 fiscal year; and,

WHEREAS, the base budget does not include funding to offset potential State or Federal budget reductions; and,

WHEREAS, the base budget does not include funding to continue the Citywide Forensic Team, which has served severely mentally ill offenders since January 2000, with demonstrated success in decreasing recidivism rates for this population; and,

WHEREAS, the base budget includes a proposal to develop a uniform policy for assigning indirect costs for non-profit contractors, and the Health Commission is concerned that such a policy would not take into account the different types of contractors the Health Department does business with and may reduce direct services; and,

WHEREAS, the Health Commission has a responsibility to maintain safety net health and public health services for San Francisco's most vulnerable residents; and,

WHEREAS, the Health Commission remains strongly opposed to service cuts that reduce safety net services, and recognizes that such cuts disproportionately affect the African American population and the mentally ill in San Francisco; now, therefore, be it

RESOLVED, that the Health Commission approves submission of the Department of Health's base budget for fiscal year 2004-2005 to the Mayor's Office; and, be it

FURTHER RESOLVED, that the Health Commission strongly urges the Mayor and the Board of Supervisors to identify new revenues, fees or taxes that could close the City's budget shortfall without reducing vitally needed safety net services; and, be it

FURTHER RESOLVED, that the Health Commission is deeply concerned about the extent of administrative staff reductions proposed and the potential impact on the Department's ability to effectively and efficiently manage the wide range of services critical to fulfilling the mission of the Department; and, be it

FURTHER RESOLVED, that the Health Commission supports a continued contribution by employees towards funding pension contributions at the current 7.5% rate, consistent with the principle of employees paying for their share of valuable pension benefits; and, be it

FURTHER RESOLVED, that if the City cannot identify enough new revenue to prevent reductions, the Health Commission strongly urges the Mayor and the Board of Supervisors to preferentially protect human services over other services funded by the City and County; and, be it

FURTHER RESOLVED, that the Health Commission requests that the Health Department work closely with City Administration to develop a standard policy for indirect costs that maximally protects direct services and is appropriate to the various types and sizes of non-profit contractors that the Department does business with; and, be it

FURTHER RESOLVED, that although the Health Commission is aware that the contingency plan will by necessity create even larger gaps in the safety net, the Commission nonetheless believes that it is its responsibility to review such a plan prior to submission to the Mayor's Budget Office, and directs the Department to submit such a plan to the Health Commission at the earliest opportunity; and, be it

FURTHER RESOLVED, that when the FY 2004-2005 budget is finally adopted, the Department report to the Commission on the impact of the budget on health safety net services.

I hereby certify that the San Francisco Health Commission at its meeting of March 23, 2004 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

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AGENDA

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APR - 1 2004

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HEALTH COMMISSION MEETING

Tuesday, April 6, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF MARCH 23, 2004**
**Minutes of the meeting of March 23, 2004*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) **AIDS Office-Research** – Request for approval of a new contract with Public Health Foundation Enterprises, Inc., in the amount of $63,445, to provide fiscal administrative services for the "HIV/AIDS Surveillance Activities" project, targeting newly diagnosed or reported cases of HIV infection or AIDS in San Francisco, for the period of April 1, 2004 through December 31, 2004.
** Calendaring request memo*

(3.2) **AIDS Office-Prevention** – Request for approval of a new retroactive contract with UCSF AIDS Health Project, in the amount of $100,000, to provide integrated STD/AIDS testing services targeting defined high-risk populations, for the period of January 1, 2004 through June 30, 2004.
** Calendaring request memo*

(3.3) **PHP-Community Health Services** – Request for approval of a retroactive contract modification with AmeriChoice, in the amount of $100,000, to provide additional fiscal intermediary services to the Personal Assisted Employment Services (PAES) for dental services, for the total contract amount of $328,657, for the period of July 1, 2003 through June 30, 2004.
** Calendaring request memo, Monitoring report summary*

(3.4) **BHS-Mental Health** – Request for approval of new retroactive contracts totaling $270,000 with the following out-of-county hospitals to provide inpatient mental services for San Francisco child and adolescent clients, for the period of July 1, 2003 through June 30, 2004: Adventist Health-California Specialty Hospital; Alta Bates Hospital, Herrick Campus; Fremont Hospital; John Muir/Mt. Diablo Health System; Mills-Peninsula Hospital; Stanislaus Behavioral Health Center and Sutter Health.
** Calendaring request memo*

(3.5) **BHS-Mental Health** – Request for approval of a retroactive contract modification with Positive Resource Center, in the amount of $50,798 per year for a total contract value of $250,798, to provide SSI advocacy and training services for disabled, uninsured clients, for the period of April 1, 2003 through June 30, 2004.
** Calendaring request memo, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **PROPOSED ACTION:** **ACCEPTANCE OF THE LAGUNA HONDA HOSPITAL FOUNDATION ARTICLES OF INCORPORATION**
(Larry Funk, LHH Executive Administrator, and Louise Renne, member of LHH Foundation Board of Directors)
**Articles of Incorporation*

6) **PROPOSED ACTION:** **PRESENTATION OF A RESOLUTION HONORING PUBLIC HEALTH WEEK**
(Ginger Smyly, Deputy Director, Community Health Promotion and Prevention)
**Resolution*

7) **PROPOSED ACTION:** **PRESENTATION OF SAN FRANCISCO GENERAL HOSPITAL REBUILD RECOMMENDATIONS**
(Gene Marie O'Connell, Executive Administrator, SFGHMC)
**Rebuild Recommendations*

8) PROPOSED ACTION: APPROVAL OF DIVERSION PROGRAMS TO IMPLEMENT PROPOSITION M
(Mitchell H. Katz, M.D., Director of Health)
*Report

9) PUBLIC COMMENT**

10) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

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Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
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MINUTES

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APR 15 2004

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HEALTH COMMISSION MEETING

Tuesday, April 6, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Lee Ann Monfredini, Vice President
Commissioner Roma P. Guy, M.S.W.
Commissioner James M. Illig
Commissioner Michael Penn, M.D., Ph.D.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE MEETING OF MARCH 23, 2004

Action Taken: The Commission approved the minutes of the March 23, 2004 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sánchez chaired, and Commissioner Guy and Commissioner Penn attended, the Budget Committee meeting.

(3.1) **AIDS Office-Research** – Request for approval of a new contract with Public Health Foundation Enterprises, Inc., in the amount of $63,445, to provide fiscal administrative services for the "HIV/AIDS Surveillance Activities" project, targeting newly diagnosed or reported cases of HIV infection or AIDS in San Francisco, for the period of April 1, 2004 through December 31, 2004.

> **Secretary's Note:** this contract was presented by the HIV/AIDS Statistics and Epidemiology Section, not the AIDS Office of Research, as noted on the Contract Request Summary.

(3.2) **AIDS Office-Prevention** – Request for approval of a new retroactive contract with UCSF AIDS Health Project, in the amount of $100,000, to provide integrated STD/AIDS testing services targeting defined high-risk populations, for the period of January 1, 2004 through June 30, 2004.

(3.3) **PHP-Community Health Services** – Request for approval of a retroactive contract modification with AmeriChoice, in the amount of $100,000, to provide additional fiscal intermediary services to the Personal Assisted Employment Services (PAES) for dental services, for the total contract amount of $328,657, for the period of July 1, 2003 through June 30, 2004.

Commissioners' Comments

- Commissioner Sanchez asked staff to evaluate the feasibility of having some of the patients served through this program seen at the SFGH Dental Clinic, and report back to the Community Health Network Joint Conference Committee.

- Commissioner Guy asked Ms. Martinez to explain why the model of having these patients served at Tom Waddell was unsuccessful. Ms. Martinez said the primary factors were facility limitations and the inability to get positions released.

- Commissioner Penn asked if the average cost per patient for this program is accurate. Po Yee Lindahl said the amount is an average and is for reference only. Some patients use more of the dollars than others.

(3.4) **BHS-Mental Health** – Request for approval of new retroactive contracts totaling $270,000 with the following out-of-county hospitals to provide inpatient mental services for San Francisco child and adolescent clients, for the period of July 1, 2003 through June 30, 2004: Adventist Health-California Specialty Hospital; Alta Bates Hospital, Herrick Campus; Fremont Hospital; John Muir/Mt. Diablo Health System; Mills-Peninsula Hospital; Stanislaus Behavioral Health Center and Sutter Health.

Commissioners' Comments (at full Commission meeting)

- Commissioner Illig asked why the Department is seeking waivers from the Equal Benefits Ordinance for these contracts. Mr. Sass said that these are sole source contracts for children who need these services. The placement of these children is often out of the Department's control, and each institution might only have one placement in a year. But the Department needs a mechanism to pay for the services. Commissioner Illig would like all contractors to comply with the Equal Benefits Ordinance and will work with staff on this issue.

(3.5) **BHS-Mental Health** – Request for approval of a retroactive contract modification with Positive Resource Center, in the amount of $50,798 per year for a total contract value of $250,798, to provide SSI advocacy and training services for disabled, uninsured clients, for the period of April 1, 2003 through June 30, 2004.

- Commissioner Guy asked how long it has taken to get people approved for SSI. Jane Gelfand from Positive Resources Center replied that they have been able to get 28 patients on SSI in less than one year. This is tremendously exciting, since the perception is that it can take a very long time to become eligible for SSI.

- Commissioner Sanchez asked staff to clarify whether the modification is for start-up costs or a supplementation to the services. Ms. Martinez said the initial contract was April 2003 through April 2004 in the AIDS Office. Staff wants to renew it in Mental Health, with a contract ending July 2004. So this modification bridges the three months. Also, initially PRC was only going do benefits counseling. Staff immediately saw the need for additional services, and needed the modification to pay for these services.

Action Taken: The Commission approved the Budget Committee Consent Calendar.
Commissioner Sanchez abstained from voting on Item 3.2.
The Community Health Network Joint Conference Committee will receive an update on Item 3.3 within 90 days.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

San Francisco Farm-to-School Report

The Occupational and Environmental Health Section would like to announce the release of *The San Francisco Farm-to-School Report*. In 2002, San Francisco Food Systems in partnership with the San Francisco Unified School District (SFUSD) and the Occupational and Environmental Health Section began assessing the feasibility of incorporating fresher, locally grown fruits and vegetables into the meal programs within SFUSD in order to support students' health and the surrounding farm economy. The purpose of this project was to understand the local school food environment in relationship to sustaining a farm-to-school project. The final report is available to download from the San Francisco Food Systems website, **www.sffoodsystems.org**. By advancing our project plan in the years ahead, San Francisco Food Systems hopes to ensure that our local community, including the San Francisco Unified School District, is vested in food systems activities that support sustainable environments and healthy, sustainable communities.

Ten Year Homeless Council

Mayor Newsom's Ten Year Homeless Council, chaired by former Supervisor Angela Alioto, began meeting in late March and is expected to deliver a 10-year plan aimed at reducing chronic homelessness by the end of June. The 30-member council is comprised of a diversified group of leaders from various sectors of the community. Dr. Robert Okin, Chair of SFGH Psychiatry and Anne Kronenberg in her capacity as co-chair of the Local Homeless Coordinating Board are members of the council. Marc Trotz, Director of HUH, is providing technical assistance for the council along with Dariush Kayhan from Department of Human Services. The federal government has made the creation of these ten-year plans integral to securing resources for homeless programs.

HIV Vaccination Trials

Dr. Katz shared the good news with the Commission that in this year's annual evaluation of the 17 HIV Vaccine Trial Units in the United States, Caribbean, South America, Africa and Asia, San Francisco was the #1 performing site. Dr. Katz congratulated the Vaccine Team and the many others in the AIDS Office that support their work.

Lesbian Mental Health Conference

Community Behavioral Health Services (CBHS) is sponsoring a conference entitled, "SF LGBT Pride Celebration: Current Challenges in Lesbian Mental Health," on Friday June 25th. This conference will be of particular interest to Primary Care providers as well as other DPH staff working in the field of mental health. For registration and more information, please call 502-5209 or access the information online at: **www.lesbianhealthinfo.org**.

Commissioners' Comments

- Commissioner Penn commended the Vaccine Team on their recognition. It is a great accomplishment.

5) ACCEPTANCE OF THE LAGUNA HONDA HOSPITAL FOUNDATION ARTICLES OF INCORPORATION

Larry Funk presented the Laguna Honda Hospital Foundation Articles of Incorporation. Mr. Funk introduced Louise Renne, the chair of the Laguna Honda Hospital Foundation. Ms. Renne told the Commission that a number of people have agreed to be on the Foundation Board, and the membership will be announced shortly. The Foundation is dedicated to raising the additional funds needed to make the new Laguna Honda Hospital a resource for centuries to come. The Foundation will provide the Commission with regular reports.

- Commissioner Chow expressed the Commission's gratitude to Ms. Renne for all her work in making the new facility a reality.

- Commissioner Monfredini is pleased that the bylaws are structured so well.

- Commissioner Sanchez, as former chair of the Laguna Honda Hospital Joint Conference Committee, said he is pleased at the work that was done to build consensus around both the hospital and the Foundation.

- Commissioner Illig asked why, upon dissolution, the resources do not revert to the institution, but instead to a generic non-profit. Ms. Renne said the bylaws give the flexibility to give money, upon dissolution, to the LHH Volunteers or the hospital or another entity. Under any circumstances, the first purpose is to give money to Laguna Honda. She will get additional information to the Commission.

- Commissioner Umekubo said the Foundation could not come at a better time, as there are a number of needs for the new facility, including computer hardware.

- Commissioner Guy commended Ms. Renne and Mr. Paley for committing their time to this cause. Due to their efforts, there is broad consensus in the community that the hospital will be modernized and will have a role in the 21st century.

Action Taken: The Commission approved the acceptance of the Articles of Incorporation.

6) PRESENTATION OF A RESOLUTION HONORING PUBLIC HEALTH WEEK

Ginger Smyly, Director, Community Health Promotion and Prevention, informed the Health Commission about Public Health Week activities. The theme of this year's Public Health Week is eliminating health disparities, particularly racial and ethnic health disparities. The celebration includes the resolution, local and federal observances, and sample DPH programs.

Ms. Smyly noted a seminal report, San Francisco Burden of Disease and Injury: Mortality Analysis, 1990-1995.

Ms. Smyly highlighted sample DPH programs addressing health disparity, including Breast and Cervical Cancer Services, the Immunization Coalition, health services for LGBTQQ youth and the Seven Principles Project.

Commissioners' Comments

- Commissioner Guy said given these budget times, it is very important to recognize the benefits of projects such as Seven Principles and other public health projects.

- Commissioner Umekubo noted that the fact that only 21 states recognize Public Health Week underscores the lack of attention to public health.

- Commissioner Chow said it is so important to highlight the elimination of racial and ethnic health disparities, and the resolution underscores that fact that the Health Department works toward this every day.

Action Taken: The Commission approved Resolution #05-04, "Honoring Public Health Week, April 5-11, 2004," (Attachment A).

7) PRESENTATION OF SAN FRANCISCO GENERAL HOSPITAL REBUILD RECOMMENDATIONS

Gene Marie O'Connell, Executive Administrator, SFGHMC, and John Kanaley, Senior Associate Administrator, Support Services, presented a San Francisco General Hospital Rebuild update.

The Rebuild Steering Committee was reconvened to focus on the immediate mandate that SFGH be compliant with SB 1953. The focused work did not seek to develop an entire Facility Master Plan, but strictly focused on seismic compliance. The Rebuild Steering Committee began its work under two assumptions: SFGH will be rebuilt by 2013; and there would be a November 2004 General Obligation Bond. The plan was to cost no more that $550 million for a General Obligation Bond. The Steering Committee reviewed many threshold issues, including location of the hospital, location of psychiatric beds, number of acute care beds, status of SNF beds at Potrero, additional sources of funds and location of research facilities. The Steering Committee reached consensus that the replacement hospital should be 267 acute care beds. The Steering Committee also reached consensus regarding psychiatric beds remaining at the Potrero Campus even if the acute care hospital is built at Mission Bay. The process included various public meetings.

Mr. Kanaley reviewed the concepts that were developed, reviewed and debated by the Steering Committe

A-1 – Rebuild a new acute care hospital on the north side of the Potrero Campus

A-3 – Retrofit the existing Potrero hospital building for continued acute care use, and build a new critical care tower

B-2 – Rebuild a new acute care hospital collocated with UCSF at Mission Bay, with ambulatory services at Potrero.

Steering Committee Recommendation

Many on the Steering Committee felt that more time was needed to fully explore the Mission Bay collocation option. Dean David Kessler of the UCSF School of Medicine re-opened the door to discuss collocation, and many of the SFGH medical staff support the dialogue. The SFGH Steering Committee voted to continue exploration of all options, including collocation with UCSF, before choosing an option. The recommendation does not rule out proceeding with a Potrero rebuild concept in the future.

Next Steps

Dean Kessler of UCSF has made arrangements for Bruce Vladik, former HCFA administrator, to participate in discussions on collocation. The goal is to reach agreement that collocation is, or is not, a viable option. Staff will provide regular updates to the SFGH JCC and will give a formal presentation to the Health Commission in six months.

Dr. Katz said that although the recommendation is for further study, a lot has been achieved already. He was pleased with the process, and that the Steering Committee was able to make a decision on bed size. What remains as the major question is the new openness on the part of UCSF to collocate at Mission Bay. Dean Kessler has a broad vision about what hospital care could look like in a collocated environment. There are still a number of issues that would have to be resolved if Mission Bay is to be a reality. But it is important that all options be fully examined and pursued before a bond is put before the voters.

Public Comment

- Lucy Johns, a member of the Steering Committee since its inception, spoke in support of the proposed resolution. The Steering Committee did the best it could to propose a solution, within financial constraints, that resulted in the best hospital for the public, the medical students and the employees. In the end, they chose to explore fully every opportunity they were presented with before making a final decision.

- Larry Bevan, Shop Steward, Local 250, spoke against the resolution. His concern is that the November 2004 election is the best opportunity to pass a bond for the hospital. Also, the Commission should look at UC's history of taking over Mt. Zion. They only keep services that generate dollars.

- Sue Carlisle, M.D., Associate Dean at SFGH, encouraged the Commission to support the resolution to further study the future site of the hospital. SFGH is the safety net hospital and the city's trauma center. SFGH is one of the best public hospitals in the world due to the partnership between the hospital and the UCSF physicians. The physicians feel that the two Potrero options would not provide the opportunity to recruit the highest quality doctors.

- Valerie Ng, M.D., Chief of the Medical Staff, said the Medical Executive Committee fully supports the resolution and pursuing further study about collocation. The best opportunity to provide quality care is at Mission Bay.

- David Grace said that global warming will have tremendous impacts and there will be a need for more than 267 beds at SFGH. The Mission Bay campus is on landfill, which would be dangerous during an earthquake.

Commissioners' Comments

- Commissioner Penn is much more comfortable with the present options, and that there are good options even if Mission Bay is not the final site. He asked the timeline for the collocation discussions. Dr. Katz said UC must make a decision on collocation by June or July. Commissioner Penn asked if research would be a topic in the discussions with UCSF. Dr. Katz said that the Dean sent out a letter that said it is UCSF's responsibility to provide research space. It is the first time that UC recognized that the SFGH medical staff was as much a part of the research staff as those who are on the Parnassus Campus.

- Commissioner Guy supports the proposed direction, even though it means giving up the November 2004 election. The new dean at UCSF has reinvigorated the collocation option. But if further study is going to be done, every stakeholder has to be open to all alternatives, including Potrero. She is concerned that the medical staff believes that quality care is not possible at Potrero. Dr. Ng clarified that the medical staff is committed to serving the patients, and they will do so regardless of where the hospital is rebuilt. But there are concerns. Dr. Ng said the medical staff fully recognizes that the decision about where to rebuild is much larger than their views. Dr. Katz added that his priority is that San Francisco has a public hospital—this should be everyone's number one goal. With that as the context, the Department needs to identify the most viable option for having a public hospital. SFGH closes in 2008 if there is no viable plan.

- Commissioner Sanchez said there is a new spirit at UCSF. There is a valid concern about whether the SFGH model will continue to work. But we will not know what the new pathway will be until the State budget is approved. UC's research budget has been cut 20%. Yet the new Dean has still said he is committed to and responsible for research. This is an amazing commitment. In all this turmoil, the Steering Committee has stayed its course. All options need to be explored to see if we can give generations of San Franciscans the services of SFGH.

- Commissioner Monfredini said she had been opposed to further study of collocation because she did not think it was a realistic option. However, the new Dean has really breathed new life into this option and it is important that the Commission do its due diligence to pursue this option.

- Commissioner Chow said the Steering Committee has worked very diligently. The goal is to find the very best solution for this county and he believes this can be done and still meet the 2013 timeline.

Action Taken: The Commission approved Resolution #06-04, "Accepting the San Francisco General Hospital (SFGH) Rebuild Steering Committee Recommendations With Regard to Bed Count and Maintenance of Psychiatry Wards in Current Building, and Directing the Department to Further Study the Hospital Rebuild Options, Including Collocation with the University of California at

San Francisco (UCSF)," (Attachment B), and directed staff to provide a report to the Commission in six months, and update the San Francisco General Hospital Joint Conference Committee on a regular basis.

8) APPROVAL OF DIVERSION PROGRAMS TO IMPLEMENT PROPOSITION M

Mitchell H. Katz, M.D., Director of Health, presented the Health Department's plan to implement requirements proscribed by Proposition M.

Proposition M was passed by the voters in November 2003 and bans all aggressive solicitation in public places, replacing the police-based approach to panhandling with a public health-based approach. Specifically, Proposition M requires the Health Department to establish, administer and/or certify:

- Guidelines for diversion program eligibility,
- Services to screen and assess violators for substance abuse and/or mental health treatment and services appropriate for treatment of violators, and
- Guidelines for determining whether the conditions were met

Implementation Plan

Establish Guidelines – DPH recommends that all individuals convicted for Prop M violations be able to participate in all established DPH treatment programs.

Develop Screening, Assessment and Referral – DPH Treatment Access Program (TAP) will provide screening and assessment services to determine the level of behavioral health care needed for each client using the TAP initial screening instrument and/or the Addiction Severity Index Form. Following the assessment, DPH/TAP will arrange placement into an appropriate program.

Develop Guidelines for Determining Whether the Conditions of Diversion Have Been Satisfied – TAP will report routinely to the Courts regarding status of client's compliance and/or completion of treatment.

Dr. Katz said that because the DPH Proposition M Diversion Program would only be invoked if the individual does not cease aggressive solicitation after being warned and given a chance to comply with the ordinance, is convicted of a misdemeanor or infraction and agrees to enter the DPH Proposition M Diversion Program, it is assumed that the number of persons who go through all three steps will be relatively small. DPH, in collaboration with the Department of Human Services (DHS), sees Proposition M as one small part of the overall response to homelessness and panhandling. By June 2004, DPH and DHS will be implementing a citywide street outreach program that will focus on several homeless populations, including panhandlers.

Public Comment

- Andre Rucker said that if there are not treatment spaces now, there certainly will not be spaces in the next month. And this proposal will bring two very stressed individuals together—stressed police and hungry people. People will be locked up because there will be no room in diversion programs.

- Michael Lyon said the plan is predicated on the services existing, and they do not exist now, let alone after $37 million worth of cuts. Worse, it adds the patina of public health to

a system that punishes people for being poor. This is below the Health Department's mission.

- David Grace, the Health Commission should not enforce unconstitutional rules.

- Philip McDonald, Coalition on Homelessness, said thousands of dollars will be wasted on going after poor people.

- L.S. Wilson, Coalition on Homelessness, fears that this is a smokescreen for the police to be able to crack down on people for being poor. In order to make the legislation look good, the Health Department is going to have to displace people who have been waiting for services for months.

- John Melone, Homeless Senior Task Force, the task force worked diligently to get money for 100 units of housing, which was deposited in the Health Department's budget. They are requesting an additional $2 million to provide housing and services to help solve the homeless problem.

- Diana Valentine, Coalition on Homelessness, said the Health Commission could prevent this program from being implemented by not approving this plan. Services do not exist, so the Health Commission has the responsibility and the ability to say no to this program.

- Karl Start, Citation Defense Program, asked how the police are supposed to know which panhandlers have been contacted by an outreach worker and offered real treatment, and who is going to pay for this?

- Larry Bevan is concerned that the engagement and outreach process is very time consuming. There are so few services available, and resources are becoming even more limited. The Health Commission needs to really look at how services are going to be allocated.

Commissioners' Comments

- Commissioner Illig asked if DPH is guaranteeing that anyone who gets cited and gets diverted through this program will be placed in a treatment slot. Dr. Katz, yes, they would be provided with treatment.

- Commissioner Guy said there are only so many treatment slots available. Will these individuals displace others, because this is now a priority? Where is the capacity, and who is being displaced? Dr. Katz replied that there is no question that under this plan, the Health Department would be prioritizing people who were found guilty under Proposition M, so it is possible people could be displaced. Proposition M did not come with any additional funding.

- Commissioner Monfredini clarified to the public that Dr. Katz developed this plan because he was mandated to. Commissioner Monfredini is not very concerned that people under Proposition M will displace current clients, because so few will get referred to the Health Department through this program.

- Commissioner Penn asked for clarification that there will be no directive to our outreach workers to refocus what they do to prioritize panhandlers over any other person they are outreaching to.

- Commissioner Guy said even if five people are diverted through this program, the questions are appropriate because there are not enough services. The Health Commission needs to carefully monitor this plan to see if it is successful. How will this plan be evaluated? Dr. Katz said the evaluation parameters are fairly clear—how many people, where were they placed, what was the outcome. He will provide a report through the Community Health Network Joint Conference Committee.

- Commissioner Illig is reassured that people will get treatment as part of this plan, not just assessed and given a referral.

- Commissioner Penn said DPH has no control over what the police do under Proposition M, so while we can hope for the best, we do not know that there will be a low number of participants. He is not sure that as a Health Department the first priority for services should be for this program. The resolution should reflect that there could be a reshifting of resources. What happens if through monitoring we find that this is deleterious? Dr. Katz said we would have to make hard choices to provide additional residential mental health and substance abuse treatment. Commissioner Penn does not want to put the Department in the position it is in with Jail Health in that the Commission has communicated that it is okay with a plan, does not communicate its concern, and will be stuck with it.

- Commissioner Chow said the monitoring process would allow the Commission to assess the impact and possibly suggest other priorities.

- Commissioner Guy said there is nothing in the resolution that assures the public that diversion means treatment. And she wants the resolution to address the capacity issue.

Action Taken: The Commission approved amending the resolution to add: "Further resolved that the Health Commission will review on a quarterly basis the number of individuals assessed, treated and diverted under Prop M and the impact of more diversion on system resource capacity.

Action Taken: The Commission approved amending the resolution to add "eligible" before the word "panhandler" in the third whereas.

Action Taken: The Commission unanimously approved Resolution #07-04, "Approving the Guidelines and Identifying the Diversion Programs Mandated by 'Proposition M – Aggressive Solicitation Ban' Passed by Voters in November 2003," as amended (Attachment C).

9) **PUBLIC COMMENT**

- Andre Rucker, the Health Commission just voted on something when the public is screaming that it will cause harm. When the program is reviewed, the information should be in writing.

- David Grace said the homeless population is expected to increase to 20 million people worldwide by 2010. This is an ugly scenario, and the Health Commission should be preparing for it.

- Karl Start, Citation Defense Program, the Police Department has already begun to issue citations under Prop M.

10) ADJOURNMENT

The meeting was adjourned at 6:25 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (3)

Note:

These Minutes will be adopted at the next Health Commission meeting. Any amendments to these Minutes made by the Health Commission will be recorded in the Minutes for the next Health Commission meeting.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 5-04

HONORING PUBLIC HEALTH WEEK, APRIL 5 – 11, 2004

WHEREAS, the San Francisco Department of Public Health is committed to promoting the health of all San Franciscans; and,

WHEREAS, nationally and locally there persists ethnic, racial, gender, sexual orientation, and age disparities in health and life expectancy; and,

WHEREAS, the San Francisco Department of Public Health is committed to addressing, reducing, and eliminating all health disparities that affect San Franciscans; and,

WHEREAS, the first week of April is celebrated as "National Public Health Week" in 21 states including California; and,

WHEREAS, the focus of 2004 National Public Health Week is to eliminate racial and ethnic disparities in health and life expectancy; therefore, be it

RESOLVED, that the Health Commission recognizes the San Francisco Department of Public Health's work addressing health disparities and its commitment to promoting the health of all San Franciscans and celebrates those efforts during National Public Health Week, April 5 – 11, 2004

I hereby certify that the San Francisco Health Commission at its meeting of April 6, 2004 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 6-04

ACCEPTING THE SAN FRANCISCO GENERAL HOSPITAL (SFGH) REBUILD STEERING COMMITTEE RECOMMENDATIONS WITH REGARD TO BED COUNT AND MAINTENANCE OF PSYCHIATRY WARDS IN CURRENT BUILDING, AND DIRECTING THE DEPARTMENT TO FURTHER STUDY THE HOSPITAL REBUILD OPTIONS, INCLUDING COLLOCATION WITH THE UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO (UCSF)

WHEREAS, after the development of a Master Plan to meet the long term goals of the Department of Public Health (DPH), it was determined that the cost of the proposed options was too high to be undertaken at that time; and,

WHEREAS, at the direction of the Health Commission, DPH re-convened a Steering Committee with the charge of developing a Hospital Rebuild Plan that focused exclusively on having SFGH be compliant with the seismic standards set by SB 1953; and,

WHEREAS, based on a review of the peak average daily census by bed classification for fiscal years 2001 to 2003 and the recommended beds per nursing unit done by SOM/Tsang, the Steering Committee has recommended that the replacement hospital be 267 beds; and,

WHEREAS, because SB 1953 does not require the rebuild of psychiatry wards and because there would not be a loss in revenue, should the acute care hospital be built in Mission Bay and the Psychiatry Service remained on the Potrero Campus, the Steering Committee has recommended that existing psychiatry beds should not be rebuilt but should instead continue in their existing location; and,

WHEREAS, after seeking valuable input from advisory committees, various neighborhood groups, management forums, and meetings with executive staff, the Steering Committee has recommended to the Health Commission that the Department do further study of available options before placing a General Obligation Bond for a rebuild on the ballot; now, therefore, be it

RESOLVED, the Health Commission directs the Department to base its further studies on the assumptions that the new hospital will have 267 beds and that the existing psychiatry wards will remain in their existing location; and, be it

FURTHER RESOLVED, the Health Commission directs the Department to further study the available options, including a fuller study of collocation with UCSF.

I hereby certify that the San Francisco Health Commission at its meeting of April 6, 2004 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 7-04

APPROVING THE GUIDELINES AND IDENTIFYING THE DIVERSION PROGRAMS MANDATED BY 'PROPOSITION M – AGGRESSIVE SOLICITATION BAN' PASSED BY VOTERS IN NOVEMBER 2003

WHEREAS, the voters of the City and County of San Francisco passed into law a ban on aggressive solicitation known as "Proposition M" in November 2003; and,

WHEREAS, Proposition M bans all aggressive solicitation in public places within 20 feet of a check-cashing business or ATM, of persons in vehicles on a street or on highway off-ramps, and of persons on public transportation or in a parking lot; and,

WHEREAS, Proposition M has as its highest priority the diversion of eligible panhandlers into substance abuse, mental health, and/or other needed services rather than into the legal system, replacing the police-based approach to panhandling with a public health-based approach; and,

WHEREAS, Proposition M requires the Director of Public Health to establish, administer, and/or certify:

- Guidelines for diversion program eligibility,
- Services to screen and assess violators for substance abuse and/or mental health treatment and services appropriate for treatment of violators, and
- Guidelines for determining whether the conditions of diversion were met;

and,

WHEREAS, these provisions for the diversion program must be established and approved by the San Francisco Health Commission within six months of passage of the proposition by May 26, 2004; and,

WHEREAS, the Department of Public Health (DPH) in collaboration with the Department of Human Services (DHS) believe that many of the individuals who panhandle would benefit from DPH substance abuse, mental health and housing programs, and see Proposition M as one small part of the overall response to homelessness and panhandling; and,

WHEREAS, DPH and DHS by June 2004 will implement an overall, citywide street outreach program that will focus on several homeless populations, including panhandlers; now, therefore, be it

RESOLVED, that the Department of Public Health has identified that all individuals convicted for Proposition M violations will be able to participate in established DPH diversion treatment programs; and, be it

FURTHER RESOLVED, that DPH's Treatment Access Program (TAP) will provide screenings and assessment services to Proposition M clients referred from the Courts to determine the level of behavioral health care needed for each client using the TAP Initial Screening Instrument, and/or the Severity Index Form; and, be it

FURTHER RESOLVED, that following the assessment, TAP will arrange placement into an appropriate program; and, be it

FURTHER RESOLVED, that the Department of Public Health will determine whether the conditions of diversion have been satisfied and TAP will routinely report to the Courts the status of client's compliance and/or completion of treatment; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission will review on a quarterly basis the number of individuals assessed, treated and diverted under Proposition M and the impact of more diversion on system resource capacity; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission and the San Francisco Department of Public Health approve the implementation plan as required by Proposition M.

I hereby certify that the San Francisco Health Commission at its meeting of April 6, 2004 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
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David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

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Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

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AGENDA

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HEALTH COMMISSION MEETING

Tuesday, April 20, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF APRIL 6, 2004**
**Minutes of the meeting of April 6, 2004*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) **PHP-Environmental Health Management** – Request for approval of a new contract with La Raza Centro Legal, in the amount of $311,760, to develop and establish a structure and the resources to improve the health and safety of day laborers' and to begin implementation of interventions that would improve their working conditions, for the period of May 1, 2004 through April 30, 2008.
** Calendaring request memo*

(3.2) **PHP-CHPP** – Request for approval of a contract modification with O'Rorke, Inc., in the amount of $25,000 for one year (03-04) for a total contract value of $72, 800, for the provision of public relations services for the Pedestrian Safety Campaign, for the period of July 1, 2003 through June 30, 2005.
** Calendaring request memo, Monitoring report summary*

(3.3) **PHP-CHSS-TB Control** – Request for approval of a sole source contract renewal with the Regents of the University of California, in the amount of $228,000, to provide physician and radiologist services to patients referred to the SFGH Tuberculosis Clinic, for the period of July 1, 2004 through June 30, 2005.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.4) **AIDS Office-HIV Prevention Services –** Request for approval of a retroactive new contract with CompassPoint Nonprofit Services, in the amount of $105,000, to provide Organizational Development and Technical Assistance services targeting SFDPH HIV prevention service providers and SFDPH HIV prevention programs, for the period of January 1, 2004 through December 31, 2004.
** Calendaring request memo, Monitoring report summary*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF APRIL**
**List of Awardees*

6) **FOR DISCUSSION:** **THIRD QUARTER FINANCIAL UPDATE**
(Gregg Sass, DPH Chief Finance Officer)
**Update*

7) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO JOIN THE STATE DEPARTMENT OF GENERAL SERVICES PHARMACEUTICAL PURCHASING PROGRAM TO EXPLORE THE COST BENEFITS OF PARTICIPATION, AND APPROVING PARTICIPATION IN STATE DEPARTMENT OF GENERAL SERVICES PHARMACEUTICAL PURCHASING CONTRACTS THAT PROVIDE FAVORABLE COST BENEFITS FOR THE DEPARTMENT OF PUBLIC HEALTH**
(Sharon Kotabe, Pharm.D., Associate Administrator, Pharmaceutical Services, Community Health Network)
**Resolution*

8) **FOR DISCUSSION:** **BEHAVIORAL HEALTH INTEGRATION UPDATE**
(Bob P. Cabaj, M.D., Director, Community Behavioral Health Services)
**Update*

9) PUBLIC COMMENT**

10) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Approval of a settlement in the amount of $475,000 in the Joyce Vanman vs. City and County of San Francisco, Superior Court File Case #318-756, City Attorney File #011206

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

11) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

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REVISED AGENDA*

HEALTH COMMISSION MEETING

Tuesday, April 20, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

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3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

***Please note the correct amount under letter C, Item #10 of this agenda has been changed to $175,000, not $475,00 as listed.**

(3.1) **PHP-Environmental Health Management** – Request for approval of a new contract with La Raza Centro Legal, in the amount of $311,760, to develop and establish a structure and the resources to improve the health and safety of day laborers' and to begin implementation of interventions that would improve their working conditions, for the period of May 1, 2004 through April 30, 2008.
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(Sharon Kotabe, Pharm.D., Associate Administrator, Pharmaceutical Services, Community Health Network)
**Resolution*

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(Bob P. Cabaj, M.D., Director, Community Behavioral Health Services)
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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MINUTES

HEALTH COMMISSION MEETING

Tuesday, April 20, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by Commissioner Monfredini at 3:05 p.m.

Present: Commissioner Lee Ann Monfredini, Vice President
Commissioner Roma P. Guy, M.S.W.
Commissioner James M. Illig
Commissioner Michael Penn, M.D., Ph.D.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D. – arrived at 4:15 p.m.

Absent: Commissioner Edward A. Chow, M.D., President

2) APPROVAL OF THE MINUTES OF THE MEETING OF APRIL 6, 2004

Action Taken: The Commission (Guy, Illig, Monfredini, Penn, Sanchez) approved the minutes of the April 6, 2004 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired, and Commissioner Guy and Commissioner Penn attended, the Budget Committee meeting.

(3.1) **PHP-Environmental Health Management** – Request for approval of a new contract with La Raza Centro Legal, in the amount of $311,760, to develop and establish a structure and the resources to improve the health and safety of day laborers' and to begin implementation of interventions that would improve their working conditions, for the period of May 1, 2004 through April 30, 2008.

- Commissioner Penn asked how many day laborers are in San Francisco, and how many are served by this program. Anamaria Loya, Executive Director of La Raza Centro Legal, said that the exact number of day laborers in San Francisco is unknown. On any given day, approximately 220 day laborers go to the Day Laborer Program. Twice that number is estimated to be on the streets.

- Commissioner Guy asked if this grant is one-time or on-going. Ms. Yu of DPH said the grant has been approved for four years, but must request annual renewals. Commissioner Guy requested an update to the Population Health and Prevention Joint Conference Committee midway through the grant period. This is a very exciting program.

(3.2) **PHP-CHPP** – Request for approval of a contract modification with O'Rorke, Inc., in the amount of $25,000 for one year (2003-04) for a total contract value of $72, 800, for the provision of public relations services for the Pedestrian Safety Campaign, for the period of July 1, 2003 through June 30, 2005.

- Commissioner Guy asked if there is an evaluation component to this campaign. Mr. Radetsky said there is a feedback component in that they look at how many people are getting the information. However there is not a formal evaluation component.

(3.3) **PHP-CHSS-TB Control** – Request for approval of a sole source contract renewal with the Regents of the University of California, in the amount of $228,000, to provide physician and radiologist services to patients referred to the SFGH Tuberculosis Clinic, for the period of July 1, 2004 through June 30, 2005.

- Commissioner Sanchez abstained from voting on this item.

(3.4) **AIDS Office-HIV Prevention Services** – Request for approval of a retroactive new contract with CompassPoint Nonprofit Services, in the amount of $105,000, to provide Organizational Development and Technical Assistance services targeting SFDPH HIV prevention service providers and SFDPH HIV prevention programs, for the period of January 1, 2004 through December 31, 2004.

- Secretary's Note – Jimmy Loyce noted that the source of funds for this contract is CDC and State Prevention dollars, not CARE I as indicated on the contract summary.

- Commissioner Penn asked for further details on the types of technical assistance that is being provided. Cristina Chan from Compass Point said they offer management consulting, assistance meeting ELI data entry requirements, assistance developing evaluation tools and other services.

- Commissioner Guy asked if the budget cuts are impacting this program. Ms. Chan replied that Compass Point regularly discuss with the AIDS Office the priority services and the funds available to provide these services. For the last few years the priority has been the ELI system. They then meet with program managers to determine which other services to provide, be it organizational management, board development, evaluation, etc.

Commissioners' Comments (at Health Commission)

Commissioner Illig, regarding item 3.4, asked for clarification of the Health Commission's policy on retroactive contract approval. Commissioner Monfredini said that the Commission's policy is to not approve contracts when the retroactivity is the fault of DPH.

Action Taken: The Commission (Guy, Illig, Monfredini, Penn, Sanchez) approved the Budget Committee Consent Calendar. Commissioner Sanchez abstained from voting on Item 3.3.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

TV Turn Off Week

The Maternal Child Health program is promoting April 19th through the 25th as "TV Turn Off Week," an event celebrating its 10th year of bringing public attention to the serious unintended consequences of excessive television watching by young children and their families. This year, organizers are putting a special focus on learning about healthy and active lifestyle alternatives to TV viewing. A website, www.tvturnoff.org, offers lots of family fun alternatives to TV watching.

WIC Working on Obesity Prevention

The San Francisco Women, Infants and Children Supplemental Nutrition Program (WIC) was chosen by the California State WIC program to participate in a special nutrition education project: *Finding the Teacher Within.* The two-day training focused on improving nutrition education by using "learner-centered" approaches that encourage active participation by the WIC clients. WIC continues to draw from a variety of innovative and dynamic methods of nutrition education to promote obesity prevention.

HIV Prevention Campaign Targets Day Laborers

A new HIV prevention media campaign targeting monolingual Spanish-speaking day laborers has begun with a billboard at the interaction of Cesar Chavez and Mission Streets. The effort will continue throughout the summer with messages in bus shelters, bus interiors, and neighborhood billboards depicting maps showing where men can find health and other supportive services. Latinos comprise 14 percent of the City's population but nearly 20 percent of new HIV cases. The $250,000 campaign is the result of a joint funding initiative between DPH and Bristol-Myers Squibb Virology, and is being managed by UCSF Center for AIDS Prevention Studies. The San Francisco-based firm, Cabra Diseno, developed the campaign messages through extensive interviews and focus groups with the day laborers themselves.

Castro-Mission Health Center, News Update

Castro-Mission Health Center (CMHC) in collaboration with the DPH AIDS Office will launch the Routine HIV Testing Pilot project to integrate into primary care routine HIV testing of patients who wish to be tested with the HIV rapid test. Providers will ask all primary care and women's clinic patients if they would like a HIV test and obtain their written consent to participate in the pilot project. The medical assistant will perform the HIV rapid test and the results will be processed while the patient waits. The provider will meet with the patient once again to give the result. CMHC nursing staff trained as HIV test counselors will follow up immediately if the test is "preliminary HIV+". For these patients, a confirmatory test specimen will be taken and a return appointment scheduled.

Access at Castro Mission Health Center

In July 2003, CMHC converted 50 percent of its primary care providers' appointments to Open Access, which schedules same-day and next-day appointments, and eliminated add-on double and triple booking appointments. In the two years prior to implementation of Open Access, the no-show rate hovered around 25 percent. Between October 2003 and January 2004, the no-show rate for Open Access appointments averaged just 7.2 percent. The success of Open Access at CMHC has required close team collaboration across disciplines involving daily problem solving between operations, medical records, nursing, and medical staff and an active support of the CHN Information Systems.

Website Update

The MIS Office has issued new information on the number of visits to the website last month, along with some key data on what information visitors accessed. Nearly 7,300 individuals visited the website each day –for a total of 225,840 visits during March – and stayed an average of nine minutes. Seventy-one percent of the hits are from within the U.S. and 11 percent are from international addresses. Of no surprise, the Employment Opportunity page is the most frequently visited. Other topics that have a popular appeal are the variety of pages focusing on STDs, information about pelvic exams and pap smears, ordering birth and death records and the SFGH/CHN site. Dr. Katz is pleased with the growing popularity of the website and congratulated all the staff who continue to update its content and keep the information current and meaningful.

National Infant Immunization Week

The San Francisco Immunization Coalition is hosting a special presentation on Wednesday, April 28th, from 11 a.m. to 2 p.m. at Mission Neighborhood Health Center. San Francisco Giants Third Baseman Edgardo Alfonzo and Senator Jackie Speier will be featured speakers at this special community event that includes activities for children, healthy snacks and toy give-a-ways.

Workshop on Land Use and Public Health in Washington, D.C.

The National Association of County and City Health Officials and the American Planning Association have asked the DPH Occupational and Environmental Health Section and the SF Department of Planning Citywide Policy Division to participate in a national workshop on land use and public health in Washington DC. In the U.S., DPH is one of a handful of local health agencies that is actively working on land use issues.

Residential Care Conference

A "Residential Care Conference," is scheduled for Friday, April 23rd, from 8:30 a.m. to 4:30 p.m. at St. Mary's Conference Center, 1111 Gough Street at Geary. Barbara Garcia, Bob Cabaj, MD and Marc Trotz will serve as speakers and panelists. The conference will address the complex mental health needs of adult and geriatric residents and their families. The event is co-sponsored by Family Service Agency, Community Behavioral Health Services and a number of other related agencies. For more information call 474-7310.

2004 Consumer and Family Mental Health Fair

Community Behavioral Health Services (CBHS) salutes May as Mental Health Month with the 3rd Annual Consumer and Family Mental Health Fair, Monday, May 24th, 12 p.m. to 4 p.m. at the San Francisco Main Library, lower level. There will be videos on various mental health topics, entertainment, refreshments, and a number of information booths with representation from the City's various consumer and family self-help organizations, and mental health and substance abuse programs. For information, please contact Wanda Deams at 255-3694.

Chinese Community Health Summit

CBHS is pleased to be a co-sponsor of the upcoming Chinese Community Health Summit, which will be held Wednesday, May 26th, from 8:00 a.m. to 4:30 p.m. at the Holiday Inn Golden Gateway at 1500 Van Ness Avenue. The Summit is being organized by NICOS Chinese Health Coalition and will focus on developing strategies to address health care access and prevention needs of San Francisco's Chinese community. CBHS staff will present on various panels at the Summit. For pre-registration please contact Jeanne Kwong at (415) 255-3427.

Commissioners' Comments

- Commissioner Penn asked for the background on the HIV Prevention Campaign. Mr. Loyce said that this was a partnership with Bristol Myers Squibb, the Office of Mayor Brown and the Department of Public Health, with BMS giving money and the City providing matching funds. Commissioner Penn asked how easy it would be to implement Open Access throughout the DPH system. Dr. Katz said Open Access is a national movement. It has been implemented in most of Mental Health. Castro Mission was the first Primary Care site.

- Commissioner Guy asked if the HIV Prevention Campaign is coordinated with the grant for the Day Laborer Program that was approved by the Budget Committee. Mr. Loyce said that the AIDS Office was involved in the application process for that grant.

- Commissioner Monfredini read in the paper that an executive director was chosen for the Laguna Honda Hospital Foundation. The woman seems like a wonderful candidate. Commissioner Monfredini supports the Foundation's independence, and wants to ensure that the Foundation and the Health Commission have good communication.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF APRIL

Commissioner Guy presented the April Employee Recognition Awards.

Individual Awardee	Division	Nominated by
Sharon McCole Wicher, RN, MS Director of Nursing for Psychiatry at SFGHMC	SFGH - Behavioral Health Division/Admin.	Kathy Ballou and Alex Anagnos

Team Awardees	Division	Nominated by
Community Health Education Team Christina Goette Carpenter, MPH Alyonik Hrushow, MPH Susanna Hennessey-Lavery, MPH Michael Radetsky, MPH Mele Smith, MPH	Community Programs	Ginger Smyly

THIRD QUARTER FINANCIAL UPDATE

Gregg Sass, DPH Chief Finance Officer, presented that Third Quarter Financial Report. The report presents the third quarterly financial projection of revenues and expenditures for the Department of Public Health for fiscal year 2003-04. These projections are based on revenue collected and billed, and expenses incurred for the first eight months of the fiscal year ending February 29, 2004. DPH is currently projecting a net surplus of $6.522 million. Projections include a revenue surplus of $13.605 million and over expenditures of $7.083 million.

The Department will seek a supplemental appropriation to address the structural issues at San Francisco General Hospital and Laguna Honda Hospital. These appropriations will not require additional General Fund and will be entirely covered with surplus revenues. The supplemental appropriation request is for $12.3 million, with $11.115 million for San Francisco General Hospital and $1.152 million for Laguna Honda Hospital.

Projection of Year End Results
Eight months ended 02-29-03
(For use for Controller's Nine Month Report)

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Department of Public Health							
SFGH	$ 499,722,000	$ 512,061,000	12,339,000	$ 499,722,000	$ 506,657,000	(6,935,000)	5,404,000
Laguna Honda	148,703,000	149,703,000	1,000,000	148,703,000	149,065,000	(362,000)	638,000
Primary Care	45,830,000	45,871,000	41,000	45,830,000	46,042,000	(212,000)	(171,000)
Health at Home	4,586,000	4,811,000	225,000	4,586,000	4,941,000	(355,000)	(130,000)
Jail Health	22,207,000	22,207,000	-	22,207,000	24,742,000	(2,535,000)	(2,535,000)
Public Health	90,726,000	90,726,000	-	90,726,000	88,544,000	2,182,000	2,182,000
Mental Health	170,489,000	170,489,000	-	170,489,000	170,078,000	411,000	411,000
Substance Abuse	64,650,000	64,650,000	-	64,650,000	63,927,000	723,000	723,000
TOTAL DPH	1,046,913,000	1,060,518,000	13,605,000	1,046,913,000	1,053,996,000	(7,083,000)	6,522,000

(1) The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carry forwards from prior year, Inter Governmental Transfer (IGT) for SB855, Transfer In and Project Related expenses.

Commissioners' Comments

- Commissioner Illig asked if the proposed supplemental is what is being considered by the Board of Supervisors to backfill CARE cuts. Mr. Sass said no, that is a different supplemental. The proposal for the backfill is to use unexpended or carryover funds. Dr. Katz added that there was discussion about using DPH's surplus to backfill CARE cuts. If this had occurred, the surplus would have been unavailable to offset cuts in the contingency budget, and neither the Health Commission nor the Board of Supervisors would have the ability to look at priorities across the Department. Instead, Dr. Katz suggested an alternative to use the $500,000 specifically allocated by Supervisor Daly, as well as rollover dollars to backfill the contracts. Commissioner Illig asked if this proposal would fund all of the cuts for the 12 months of the grant. Dr. Katz said the contracts are funded for two months at the reduced level.

- Commissioner Monfredini noted that the supplemental would be forwarded to the Board of Supervisors.

7) CONSIDERATION OF A RESOLUTION AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO JOIN THE STATE DEPARTMENT OF GENERAL SERVICES PHARMACEUTICAL PURCHASING PROGRAM TO EXPLORE THE COST

BENEFITS OF PARTICIPATION, AND APPROVING PARTICIPATION IN STATE DEPARTMENT OF GENERAL SERVICES PHARMACEUTICAL PURCHASING CONTRACTS THAT PROVIDE FAVORABLE COST BENEFITS FOR THE DEPARTMENT OF PUBLIC HEALTH

Sharon Kotabe, Pharm.D., Associate Administrator, Pharmaceutical Services, Community Health Network, presented a proposal to participate in the State Department of General Services (DGS) Pharmaceutical Purchasing Program. At this time DPH does not know whether the DGS program would result in lower pharmaceutical pricing than it receives through the current vendor, Novation. DGS will disclose their contract pricing formularies and other program details to those local government agencies that agree to join the program. The Department wants to explore the cost benefits of participation.

Commissioners' Comments

- Commissioner Penn asked if participation requires DPH to purchase through the program. Dr. Kotabe said that agreement to participate in the DGS program does not obligate the City to purchase through this program.

Action Taken: The Commission (Guy, Illig, Monfredini, Penn, Sanchez) approved Resolution #8-04, "Urging the San Francisco Board of Supervisors to Authorize the Department of Public Health to Explore Joining the State Department of General Services Pharmaceutical Purchasing Program to Ascertain the Potential Cost Benefits of Participation," (Attachment A).

8) BEHAVIORAL HEALTH INTEGRATION UPDATE

Bob P. Cabaj, M.D., Director, Community Behavioral Health Services, gave an update on the integration of Community Behavioral Health Services. Dr. Cabaj highlighted accomplishments and challenges for the Executive Team, Clinical Services, Client Relations, Cultural Competency, Provider Relations, Quality Management, Placement, Evaluation, Information Systems, Research and Grant Development. Accomplishments include:

- Developed a five-year integration plan
- Designed and instituted new organizational structure
- Developed cross-training model for line staff
- Co-located referral and assessment services and integrated Mental Health and Substance Abuse assessment team functions
- Creating an integrated Mental Health and Substance Abuse Client Council
- Conducted survey to broaden use of peers for peer/case management activities
- Establishing integrated CBHS Cultural Competence Advisory Committee
- Integrating the provider complaints/grievance process
- Creating uniformity in contracts between Mental Health and Substance Abuse; the blended contract document is being developed by the Citywide Task Force
- Instituted CBHS Compliance Committee and developed uniform incident reporting, follow-up and evaluation structure, to be implemented by June 2004
- Centralized Mental Health and Substance Abuse assessments and placement authorizations
- Working to address issues related to the large number of organizations providing placements and operating independently.

- Improving ability to evaluate effectiveness of programs; identified activities to develop core client outcomes.
- Developed plan to provide information on best practices in clinics

Examples of integration in action are the TAP and Access Team, the McMillan Stabilization Center, Advanced Access, Administrative cross-training and the Behavioral Health Court.

Next Steps - Challenges

- Truly integrating two separate entities
- Adjusting resistance to changing clinical approaches
- Addressing different levels of licensure and credentialing
- Maximizing revenues within resource constraints
- Keeping systems consumer friendly and welcoming in the face of resource limitations

Commissioner Sanchez left at 4:30 p.m.

Commissioners' Comments

- Commissioner Monfredini commended Dr. Cabaj for condensing a complex process into a clear, comprehensive report.

- Commissioner Illig is amazed at the progress that has been made. Non-profit services providers deliver the vast majority of services. How much are providers involved in preparations and planning groups? Dr. Cabaj said community organizations were fully involved in the process, with the head of every major CBO as part of the planning group. This last phase was more internally focused. The clinical integration will not happen without the CBOs full involvement. Dr. Cabaj noted that many CBOs have already been providing integrated services, but the funding streams can still be limiting.

- Commissioner Guy asked if there has been resistance as a result of licensure issues. Dr. Cabaj said everyone must be credentialed. Staff held a community presentation that began to address the credentialing issues substance abuse providers might face. One of his fears was the different backgrounds of mental health providers and substance abuse providers. But this has not been as much of a problem as he expected. Commissioner Guy said that it has been a challenge to get the patient voice in the evaluation tool, and she looks forward to seeing how this can be incorporated into the integrated Behavioral Health system. She asked how this initiative is affected by the budget crisis. Dr. Cabaj said that whether the City is in a budget crisis or not, integration is the correct approach. It is a better system for the client. This process will help the Department know what community services will need to be strengthened even during budget cuts.

- Commissioner Umekubo said that Commission is very quality driven, and asked how the evaluation component is progressing and when can the Commission could expect to see the final product. Dr. Cabaj is hoping to have evaluation reports in Fall 2004. One challenge is the shortage of technology and hardware. This will be reported through the Community Health Network Joint Conference Committee.

- Commissioner Penn commended Dr. Cabaj for his leadership in this effort. It is incredibly challenging to bring together two independent systems that serve the same client population. He asked how outcome evaluation for the integration would be funded. Dr. Cabaj said he is using grant monies to do evaluation. He views this as part of clinical reporting, and is using data he

already has to see where the differences are. Commissioner Penn asked if this approach could be used for other DPH programs. Dr. Katz said the Department is moving toward this. Commissioner Penn asked if this integration is resulting in job losses. Dr. Cabaj said no one officially lost his or her job. A few people retired, and some vacant positions are proposed to be eliminated. Commissioner Penn asked if there are budget savings opportunities. Dr. Cabaj said there would be savings opportunities, for example in contract monitoring. Also, the goal is to have only one community advisory board.

- Commissioner Illig asked which other counties have moved in this direction. Dr. Cabaj said San Diego has been a model of full integration, and other counties, such as Alameda, have done administrative integration. San Francisco is not using the Alameda model because in that case Mental Health virtually subsumed substance abuse services. Dr. Katz told the Commission that DPH had a failed attempt at integration when it was done only on the administrative level.

9) PUBLIC COMMENT

None.

10) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Guy, Illig, Monfredini, Penn, Umekubo) voted to hold a closed session. The Commission went into closed session at 5:00 p.m. Present in closed session were Commissioner Guy, Commissioner Monfredini, Commissioner Penn, Commissioner Umekubo, Mitch Katz, M.D., Director of Health, Deputy City Attorney Sallie Gibson, Larry Funk, Executive Administrator of Laguna Honda Hospital, Norm Nickens, Deputy Director, EEO and Cultural Competency Programs and Michele Olson, Health Commission Executive Secretary.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Approval of a settlement in the amount of $175,000 in the Joyce Vanman vs. City and County of San Francisco, Superior Court File Case #318-756, City Attorney File #011206

Action Taken: The Commission (Guy, Illig, Monfredini, Penn, Umekubo) approved the settlement of $175,000 in the Joyce Vanman vs. City and County of San Francisco, Superior Court File Case #318-756, City Attorney File #011206.

D) Reconvene in Open Session

The Commission reconvened in open session at 6:05 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Guy, Illig, Monfredini, Penn, Umekubo) voted not to disclose discussions held in closed session.

11) ADJOURNMENT

The meeting was adjourned at 6:05 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

Note:

These Minutes will be adopted at the next Health Commission meeting. Any amendments to these Minutes made by the Health Commission will be recorded in the Minutes for the next Health Commission meeting.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 8-04

URGING THE SAN FRANCISCO BOARD OF SUPERVISORS TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH TO EXPLORE JOINING THE STATE DEPARTMENT OF GENERAL SERVICES PHARMACEUTICAL PURCHASING PROGRAM TO ASCERTAIN THE POTENTIAL COST BENEFITS OF PARTICIPATION

WHEREAS, in September 2002, the California Senate passed Senator Sher's bill, SB 1315, authorizing the California Department of General Services (DGS) to enter into contracts with manufacturers and suppliers of drugs and to obtain from them discounts, rebates, or refunds as permissible under federal law; and,

WHEREAS, SB 1315 requires that the State Departments of Mental Health, Corrections, Youth Authority, and Developmental Services participate in the program, and also allows similar local and public agency governmental entities to voluntarily participate in the program; and,

WHEREAS, local governmental entities that elect to participate in the program are eligible to receive the discounts, rebates or refunds negotiated by DGS; and,

WHEREAS, the Department of Public Health currently purchases pharmaceuticals through contracts negotiated by its group purchasing organization, Novation; and,

WHEREAS, DGS will not release their contract information to San Francisco unless the City agrees to participate in the DGS program, therefore, it is unknown whether DGS contract pricing is better than DPH current group purchasing organization, Novation; and,

WHEREAS, other details of participation, such as the use and identity of a prime vendor and drug formulary issues, are also disclosed only to local governmental agencies that agree to participate in the program; and,

WHEREAS, investigation of possible cost benefits to participating in the DGS program is a priority for the Department of Public Health and participation in the DGS program requires a resolution from the Board of Supervisors; now, therefore, be it

RESOLVED that the Department of Public Health is urging approval from the San Francisco Board of Supervisors to join the State Department of General Services pharmaceutical purchasing program to explore the cost benefits of participation; and, be it

FURTHER RESOLVED that the Department of Public Health be given authority by the Board of Supervisors to participate in State Department of General Services pharmaceutical purchasing contracts that provide favorable cost benefits for the Department of Public Health.

I hereby certify that the San Francisco Health Commission at its meeting of April 20, 2004 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to the Health Commission

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

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APR 29 2004

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04-29-04 A10:

HEALTH COMMISSION MEETING

Tuesday, May 4, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF APRIL 20, 2004**
**Minutes of the meeting of April 20, 2004*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) **CHN** – Request for approval of two contract renewals with the following firms: Asereth Medical Services, Inc. and *Rxrelief* and approval of a new contract with NOR-CAL Medical Temps, for a combined total amount of $1,200,000, to provide as-needed supplemental pharmacy personnel services to the Community Health Network, for the period of July 1, 2004 through June 30, 2005.
** Calendaring request memo, Rates page, Monitoring report summaries and Responses*

(3.2) **CHN-Laguna Honda Hospital** – Request for approval of a new contract with the University of the Pacific School of Dentistry, in the amount of $250,000, to provide on-site dental clinic services to Laguna Honda Hospital, for the period of July 1, 2004 through June 30, 2014.
** Calendaring request memo*

(3.3) **CHN-Jail Health Services** – Request for approval of a renewal contract with Haight Ashbury Free Clinics, Inc., in the amount of $3,574,769, to provide psychiatric and substance abuse treatment services targeting inmates in the San Francisco County Jail system, for the period of July 1, 2004 through June 30, 2005.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.4) **DPH-Central Administration** – Request for approval of a resolution approving an extension of the terms of the Fiscal-Year 2003-04 contracts for the Department of Public Health's Population Health and Prevention and Community Health Network.
** Calendaring request memo, Resolution, List of Contractors*

(3.5) **PHP-STD Prevention and Control** – Request for approval of a retroactive contract renewal with Internet Sexuality Information Services, Inc., in the amount of $101,900, to provide syphilis elimination services targeting gay and bisexual men living in San Francisco who use the Internet to find sex partners, and STD prevention information to adolescents and young adults living in San Francisco who are at risk of contracting an STD, for the period of October 1, 2003 through December 31, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.6) **AIDS OFFICE-HIV Statistics and Epidemiology** – Request for approval of a retroactive contract renewal with CompassPoint Nonprofit Services, in the amount of $70,000, to provide HIV Non-Name Reporting System–Technical Assistance, for the period of March 1, 2004 through June 30, 2004.
** Calendaring request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **FOR ACTION:** **APPROVAL OF FISCAL YEAR 2004-2005 PATIENT RATES**
(Gregg Sass, DPH Chief Finance Officer)
**Update*

6) **FOR DISCUSSION:** **PRESENTATION OF FISCAL YEAR 2004-2005 DEPARTMENT OF PUBLIC HEALTH CONTINGENCY BUDGET**
(Mitchell H. Katz, M.D., Director of Health)
**Budget*

7) **PUBLIC COMMENT****

8) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

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HEALTH COMMISSION

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MAY - 7 2004

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HEALTH COMMISSION MEETING

Tuesday, May 4, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:30 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Lee Ann Monfredini, Vice President
Commissioner Roma P. Guy, M.S.W.
Commissioner James M. Illig
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Michael Penn, M.D., Ph.D.

2) APPROVAL OF THE MINUTES OF THE MEETING OF APRIL 20, 2004

Action Taken: The Commission amended the minutes as follows: page three, line two, was revised to read "Commissioner Monfredini replied that there are a number of reasons a contract would be approved retroactively, for example Federal or State government funding is awarded late."

The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Umekubo) approved the minutes of the April 20, 2004 Health Commission meeting as amended.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sánchez chaired, and Commissioner Guy attended, the Budget Committee meeting.

(3.1) **CHN** – Request for approval of two contract renewals with the following firms: Asereth Medical Services, Inc. and *Rxrelief* and approval of a new contract with NOR-CAL Medical Temps, for a combined total amount of $1,200,000, to provide as-needed supplemental pharmacy personnel services to the Community Health Network, for the period of July 1, 2004 through June 30, 2005.

Commissioners' Comments

- Commissioner Guy wants assurance that all employees hired through these contracts have all the necessary documentation. Dr. Kotabe stressed that SFGH does get the certification prior to the person reporting to work, but waiting for copies of the documents can delay the person's start time. Dr. Kotabe is confident that next year at this time this will not be an issue.

- Commissioner Sanchez said some of the concerns within the health profession are that so many training, education and research programs are being dismantled, which leads to a smaller workforce pool. Having to use registry is one outcome of these changes. Dr. Kotabe said that state and national pharmaceutical associations are focused on the workforce issue, and California is lucky in that two new schools of pharmacy have opened in the State in the past two years.

- Commissioner Guy said that if the steps taken by the contractors to improve fill rates do not work, Ms. Kotabe should report this to the SFGH JCC immediately, rather than waiting until the next contract renewal.

(3.2) **CHN-Laguna Honda Hospital –** Request for approval of a new contract with the University of the Pacific School of Dentistry, in the amount of $250,000, to provide on-site dental clinic services to Laguna Honda Hospital, for the period of July 1, 2004 through June 30, 2014.

Commissioners' Comments

Secretary's Note – the term of this contract is changed from a 10-year term to a five-year term, with a five-year renewal.

- Commissioner Sanchez asked if the dental clinic at SFGH operates under a similar arrangement as the one proposed for Laguna Honda Hospital. Galen Leung, DPH Contracts Manager, replied that the Affiliation Agreement governs the services provided at SFGH by UC, rather than a contract. Elsewhere in the Department, such services are governed by a contract, which must be put out to bid per city law. Commissioner Sanchez said one of the major priorities is to provide quality care, and the Department has been lucky to have such quality institutions help it provide services. He emphasized the need to ensure that when institutional commitments are made, they are carried out. There must be quality assurance oversight.

- Commissioner Guy asked that the Laguna Honda Joint Conference Committee provide the quality assurance oversight for this program. Dr. Hill said the performance indicators would be brought to the LHH JCC.

(3.3) **CHN-Jail Health Services** – Request for approval of a renewal contract with Haight Ashbury Free Clinics, Inc., in the amount of $3,574,769, to provide psychiatric and substance abuse treatment services targeting inmates in the San Francisco County Jail system, for the period of July 1, 2004 through June 30, 2005.

Commissioners' Comments

- Commissioner Guy said that if the contingency budget is fully implemented, there would be a reduction to this contract that would have a tremendously negative impact on the quality services that are provided. The extent of the impact should be articulated to the Mayor and the Board of Supervisors.

(3.4) **DPH-Central Administration** – Request for approval of a resolution approving an extension of the terms of the Fiscal-Year 2003-04 contracts for the Department of Public Health's Population Health and Prevention and Community Health Network.

(3.5) **PHP-STD Prevention and Control** – Request for approval of a retroactive contract renewal with Internet Sexuality Information Services, Inc., in the amount of $101,900, to provide syphilis elimination services targeting gay and bisexual men living in San Francisco who use the Internet to find sex partners, and STD prevention information to adolescents and young adults living in San Francisco who are at risk of contracting an STD, for the period of October 1, 2003 through December 31, 2004.

Commissioners' Comments

- Commissioner Guy asked how the program is evaluated. Deb Levine, executive director of ISIS, said they use a variety of methods including on the street surveys, focus groups before banners are launched, tracking where people go through the site and others.

(3.6) **AIDS OFFICE-HIV Statistics and Epidemiology** – Request for approval of a retroactive contract renewal with CompassPoint Nonprofit Services, in the amount of $70,000, to provide HIV Non-Name Reporting System–Technical Assistance, for the period of March 1, 2004 through June 30, 2004.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Umekubo) approved Items 3.2, 3.3, 3.5 and 3.6 of Budget Committee Consent Calendar.

Commissioners' Comments

- Commissioner Umekubo asked if the issue of documentation has been addressed. Dr. Kotabe said both contractors are putting in systems to make sure that the documentation is available before the staff signs on.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Umekubo) approved Item 3.1 of the Budget Committee Consent Calendar.

Action Taken: Item 3.4 - The resolution was amended to reflect the individual abstentions of commissioners: Commissioner Chow – NICOS; Commissioner Guy -

San Francisco State University; Commissioner Illig - St. Mary's Hospital; Commissioner Sanchez – the Regents of the University of California; and Commissioner Umekubo – St. Mary's Hospital.

The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Umekubo) approved the resolution as amended.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Radiology Technologists at SFGH

All the radiology technologists at San Francisco General Hospital called in sick on Friday April 30th and most were out sick on Saturday and Sunday as well. Because of this SFGH had to cancel scheduled outpatient radiology services on Friday and Saturday but was otherwise able to meet all emergency and inpatient needs with the use of radiology supervisors, on-call staff, Laguna Honda staff, and registry staff and by triaging only those patients who had to have a radiologic examination performed.

SFGH was able to use the services of radiology technology registries that are not normally used by arranging emergency contracts with two additional registries. The emergency nature of these contracts was approved by President Chow.

Radiology technologists have been voicing for some time their belief that their wages are significantly below market rate and were especially upset after three technologists announced that they were leaving last week to work for other hospitals. Because the radiology technologists are union represented and under contract, a sick out is a violation of their contract. Therefore, the City Attorney's Office is investigating the incident and is expected to make recommendations to the City shortly. By Monday morning, staffing in Radiology was back to normal.

CPMC Award

The African American Health Initiative (AAHI) has been awarded a $50,000 Community Investment Grant from the California Pacific Medical Center Foundation to address violence as a public health issue with a specific focus on community empowerment. Building on AAHI's current use of empowerment models, community residents identify issues and develop strategies for implementation. The initial phase of the grant will partner with the California Pacific Medical Center's Outpatient Psychiatry Department, the San Francisco Police Department's Community Liaison Outreach Unification Team, the S.F. Housing Authority, the S.F. Sheriff's Department and DPH's Community Empowerment Center to improve community wellness. Community residents and faith-based participants will partner with neighborhood police in training to get a better understanding of root causes of violence while developing individual relationships via communications, respect and exploring the issues of trust. Several neighborhood teams throughout the City will be developed to intervene, prevent and reduce violence.

Avon Foundation Comprehensive Breast Center

The Grand Opening Ceremony for the Avon Foundation Comprehensive Breast Center at the SFGH Medical Center will take place on Thursday, May 13, 2004 from 4:00 to 6:00 p.m. Maria Cora, MA, Coordinator of the SFDPH Office of Women's Health has been appointed to the newly formed SF General's Breast Care Community Advisory Council which will hold its first meeting earlier in the day on May 13, 2004.

Second Annual Avon Symposium

The Second Annual Avon Symposium "Delivering the Continuum of Breast Cancer Care to the Underserved" will be held on Friday, May 14th from 8:00 a.m. to 5:00 p.m. at the Golden Gate Club, Presidio of San Francisco. Interested individuals can register online at: http://cc.ucsf.edu/avon2004; or contact Kaya Balke at (415) 597-9132 for additional questions.

Lesbian Mental Health Conference

Community Behavioral Health Services (CBHS) is sponsoring a conference entitled, "SF LGBT Pride Celebration: Current Challenges in Lesbian Mental Health," on Friday, June 25th. This conference will be of particular interest to Primary Care providers as well as other DPH staff working in the field of mental health. For registration material and a complete description please go to: http://www.dph.sf.ca.us/MentlHlth/lesbianMentalMlthbroch406252004.pdf .

Commissioners' Comments

- Commissioner Guy asked when the radiologist contract is going to be renegotiated, and if there might be another sick out during that timeframe. Dr. Katz said there is an opportunity to modify the radiologist's contract in July.

5) APPROVAL OF FISCAL YEAR 2004-2005 PATIENT RATES

Gregg Sass, DPH Chief Finance Officer, presented the Fiscal Year 2004-2005 Patient Rates. The San Francisco Health Code requires that the Department of Public Health must determine reasonable rates charged to patients receiving services. Annually the Department reviews patient rates and when appropriate, revises rates to recover the cost of providing services. Approval of the ordinance will revise rates charged to patients for health, mental health, substance abuse and other public health services.

The financial impact of these price increases is very minimal, given the population that is served by DPH. The payors that typically reimburse DPH at the published rates include out-of-plan HMOs, private insurers and private pay patients with the ability to pay. Net patient revenue is estimated to increase by approximately $1 million.

Commissioners' Comments

- Commissioner Illig asked if the fees are intended to cover actual costs of specific services, or are structured so that they cover overall unreimbursed costs. He is concerned that the Department is trying to make up for the money it loses from HMOs and MediCal by charging uninsured patients with assets. Mr. Sass said that fees are not targeted toward self-pay individuals. DPH's rates are consistent with those charged by other hospitals in the area. With regard to uninsured patients, Mr. Sass said there is a sliding fee scale, and people are billed. But most of these charges are written off to either charity care or bad debt. Mr. Sass emphasized that if people cannot afford to pay, they do not pay. Dr. Katz added that unlike Medicaid, in a sliding scale DPH does not penalize people for assets, but rather for what they earn. However, there is a certain group that is not eligible for the sliding fee scale (above 400% fpl), does not have insurance, and would be billed for services. Commissioner Illig is concerned that DPH has charges that are different from its costs.

- Commissioner Chow noted that SFGH's patient rates are moderate, which is reflected in the Cost-to-Charge Ratio reports that are submitted to the State. San Francisco General Hospital's costs were more than 70% of its charges; in comparison to CPMC's costs were 20% of its charges.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Umekubo) approved the proposed FY 2004-2005 Patient Rates.

6) PRESENTATION OF FISCAL YEAR 2004-2005 DEPARTMENT OF PUBLIC HEALTH CONTINGENCY BUDGET

Dr. Katz asked the Commission to continue this item to the meeting of May 11, 2004. The Mayor's Office is making much citywide progress on reducing the City's shortfall. The Mayor's Office feels certain that DPH will not be required to submit $37 million in cuts, as was previously requested. However, the size of the reduction DPH will be required to submit is unknown at this time. Rather than put clients, providers, and others through the trauma of listening to and advocating for $37 million in cuts, the Mayor's Office asked that the Commission hold off on this discussion and hear the actual, more realistic budget cuts at its next meeting.

Commission Chow stated that the Commission officers are suggesting one budget hearing, on Tuesday, May 11, with a Commission resolution to be considered at that time. This would allow for a public hearing and Commission deliberation prior to the Mayor finalizing his budget for publication.

Public Comment

- Michael Lyon. Last year's rejection of the contingency cuts gave the Board of Supervisors much more support for restoring a number of the proposed cuts.

Commissioners' Comments

- Commissioner Guy said it has been helpful for the Health Commission to have a voice during the budget process, and for people to have a voice at the Health Commission, and two public hearings have provided the best method of accomplishing this. She is uncomfortable having only one hearing.

- Commissioner Monfredini said that it is not without precedent to have one budget hearing. She said that the process up to this point has been very respectful. The administration is very focused on minimizing cuts to direct services. Although this is a different process, she feels comfortable that the Commission will have time to digest the proposal and forward thoughtful input.

- Commissioner Illig suggested that this year the Health Commission continues to hold hearings about specific budget proposals throughout the budget process, be it after the Mayor releases his budget or after the Board of Supervisors undertakes its deliberations. The Health Commission can have an effect on the policy makers. He asked the City Attorney for an opinion about purview of the Health Commission throughout this process.

- Commissioner Sanchez said the Health Commission has set the benchmark by the oversight it provides through the joint conference committee structure.

- Commissioner Chow said that the Health Commission would be able to continue discussion on the resolution to the May 18th meeting if it felt that more time was needed.

Action taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Umekubo) continued this item to the meeting of May 11, 2004.

7) PUBLIC COMMENT

None.

8) ADJOURNMENT

The meeting was adjourned at 5:05 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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AGENDA

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SPECIAL HEALTH COMMISSION MEETING

Tuesday, May 11, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF MAY 4, 2004**
**Minutes of the meeting of May 4, 2004*

3) **FOR DISCUSSION AND ACTION:** **PRESENTATION OF FISCAL YEAR 2004-2005 DEPARTMENT OF PUBLIC HEALTH CONTINGENCY BUDGET AND CONSIDERATION OF A RESOLUTION REGARDING THE FY 2004-2005 DPH CONTINGENCY BUDGET**
(Mitchell H. Katz, M.D., Director of Health)
**Budget and Resolution*

4) **PUBLIC COMMENT****

5) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy
Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

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The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance
The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

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MINUTES

SPECIAL HEALTH COMMISSION MEETING

Tuesday, May 11, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Lee Ann Monfredini, Vice President
Commissioner Roma P. Guy, M.S.W.
Commissioner James M. Illig
Commissioner Michael Penn, M.D., Ph.D.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE MEETING OF MAY 4, 2004

Action Taken: The Commission approved the minutes of the May 4, 2004 Health Commission meeting.

3) PRESENTATION OF FISCAL YEAR 2004-2005 DEPARTMENT OF PUBLIC HEALTH CONTINGENCY BUDGET AND CONSIDERATION OF A RESOLUTION REGARDING THE FY 2004-2005 DPH CONTINGENCY BUDGET

Mitchell H. Katz, M.D., presented the proposed fiscal year 2004-2005 Contingency Budget for the Department of Public Health (See attached power point presentation, Attachment A).

Commissioners' Questions

- Commissioner Sanchez asked for clarification that inpatient dialysis service would not be eliminated. Dr. Katz replied that inpatient dialysis services will be maintained. Dr. Katz added that when UCSF stopped providing dialysis services, SFGH took over with the hope that it could make it work. In every instance except the $1.6 million in capital costs that would be required to meet JCAHO standards, SFGH could have made it work.

- Commissioner Illig asked if the community-based providers who will be serving some of the mental health clients from Mission Mental Health and Sunset Mental Health have been selected. Dr. Katz said the Department would go through an RPF process for the agencies. In the case of Mission ACT, the two remaining programs are run by UC.

- Commissioner Penn asked if there are additional people at Laguna Honda Hospital laundry that need to be reassigned. Dr. Katz said that all the employees have been reassigned to other jobs. Dr. Katz added that the Department would still need laundry workers for tasks such as linen distribution.

- Commissioner Umekubo asked if there are enough dialysis slots in the community to absorb the SFGH patients. Dr. Katz said that one of the reasons DPH agreed to take on the service was because of the concern that people would end up being treated in the hospital at a higher cost because there was inadequate outpatient capacity. However, now the situation is different, other facilities have completed their renovations and there is now capacity.

Public Comment

- Isabelita Evangelista, please to continue to provide funding for the Potrero Clinic. Doctors and staff are very good.

- Manuel Vasquez, the closing of Mission Mental Health will mean a reduction in services. The proposal eliminates 11 clinical positions. They embrace integration, but not at the cost of the Mission community.

- Eric Seely, Senior Psychiatric Social Worker at Mission Mental Health. If cuts need to be made, they should be across-the-board, not just at Mission Mental Health and Sunset Mental Health. It feels like communities are being pitted against each other.

- Lucy Vargas, Social Worker at Mission Mental Health, pleaded that service continue to be provided in the community. Clients will not leave the community. Tom Waddell clinic is excellent, but it is a different world.

- Tesde H. Torgia spoke in support of the Mission ACT.

- Susan Gamboa, Mission ACT. She appreciates that this is a budget emergency, and staff is prepared to go into emergency status by finding a transition space in the community where there is lower rent. But keep the services in the community.

- Mary Anne Sirring, Mission ACT, please keep these services.

- Michael Sauter, Health Worker at Mission ACT, said staff has worked to keep people out of the hospital and to become engaged with the clients. Now they are being told that because their clients are stable, they no longer need this level of service.

- Larry Huerta said the program has helped people. It should stay open.

- Theresa Archuleta spoke in support of the Potrero Health Center. She is also concerned that the Urgent Care at SFGH has too long of waits, so the people go to the emergency room, which is very costly.

- Bruce Folsom, Social Worker with Southeast Mission Geriatrics. He works very closely with Mission Mental Health. If this change goes through, many of their elderly clients would have to be transferred to Southeast Mission Geriatrics. Also, the only two City programs serving the geriatric population are being targeted.

- Jim Salaices said Mission ACT helped him after he tried to commit suicide.

- Silvia Solorzano, Mission ISC, said the higher ups do not need to give up their pagers and cell phones, they need to visit the clients.

- Eleanor Dwyer, Mission ACT, said the program's successes are now being used against them. She submitted a written document (on file). The clients are not ready to step down. She proposes finding affordable facility costs to remain intact.

- Monica Soto, Social Worker at Mission ACT, read from three of the 21 letters of support that she has for Mission ACT (on file).

- Victoria Gonzalez, clinician at Mission Mental Health. The clinic has been a light in the community for more than 20 years. The current plan represents the destruction of services under the guise of integration. The Department has spent years developing these services; please save these services.

- Orlando Tolbert spoke about the cost-savings of Mission ACT. Mission ACT is part of the solution to long-term care.

- Laurie, spoke in support of the services at Mission ACT. She was very supported at that clinic. When people are in crisis, they cannot even get on the bus.

- Charles Evans, consumer at Mission Mental Health. The program is very needed in the community—it is the best model and program he has ever seen. Staff is using peer counselors to help free the staff counselor's time.

- Jan Sparks spoke in support of Mission ACT. Without this program he would be going in and out of hospitals. The staff helps clients hold on to their freedom and assure their futures.

- Donna Martinez, Mission ACT, this program has helped her completely. She is triple diagnosed. They care about one another, and the program needs to stay open.

- Juanita Valenzuela, spoke in support of the Potrero Hill Neighborhood Clinic. Please keep these services open.

- Deborah Hughes, San Francisco used to be the city that knew how. The private sector will not serve these patients. Eligibility workers need to be in the clinics.

- Eileen Auerbach, OT at Mission ACT, said that the research that was used as justification to close ACT distorts the research. The key factor in successful step-down is when the same staff members worked very closely with the client in the same location. She submitted a letter to the Health Commission (on file).

- Manuel Mena, mental health clinician, said the proposal guts the safety net services to the Latino community. Community-based providers are not safety net providers, so they will not be able to pick up the clients that are losing services. The Department should look for a building with cheaper rent.

- Evangelist LaVonne V. McIntosh, she stands as an advocate of Maxine Hall Health Center, Mission Mental Health and other health programs.

- Rosalind deLisser, Nurse Practitioner at Mission Mental Health and Mission ACT. Mission ACT and Mission Mental Health are already on the cutting edge of integration. She was hired to integrate primary care services at these two programs.

- Dr. Raul Moncayo, Director of Training at Mission Mental Health, the reduction takes the guts, heart and brain out of mental health services for the Mission community.

- Richard Heasly, Executive Director of Conard House, said he and others were pleased with the Mayor's decision to not require a $37 million reduction from DPH. The plan is an affirmation of non-profit, community-based services that serve every neighborhood and every language. The Department gets a lot of value from community providers.

- Jesus Velez, Mission Health Center, over the past six years he has had several relapses, but each time less work because he gets services at Mission Mental Health. If he cannot see his psychologist, who knows what will happen.

- Larry Burgheimer, community mental health is supposed to be preventive, cuts will have long-term repercussions.

- Hywel Sims, referenced a letter he submitted (on file) that points out inaccuracies in the Department's justification for reducing funding to its programs.

- Vincent Price, on behalf of Mission ACT, if not for this program he would be dead or in an institution.

- Randall Humphreys said it has taken him 15 years to find Mission Mental Health. Do not close these services.

- Jonathan Vernick, Executive Director of Baker Places, said he empathizes with changes that happen as a result of budget cuts. This year's budget cuts come after much deliberation about the budget shortfall, and the proposals make sense by emphasizing integration.

- Steve Fields, Executive Director of Progress Foundation, said that the safety-net community programs always seemed to bear the brunt of the cuts; this year these front line services are maintained. There is no cut that happens in the health budget that does not cut into blood and bone. He looks forward to the Mayor proposing a revenue bond in November so that some of the priority 2 programs could be restored.

- Isabel Santos, Sunset Day Treatment Center, there are enough people in the Sunset that need these services.

- Rhonda Giarretto, Public Health Nurse from Tom Waddell, said DPH already has clinics that do not have the capacity to serve current clients. The proposal has no details. Please involve the people who work day-to-day in these clinics in these decisions.

- Karen Patterson Matthew, Executive Director for Bayview Hunters Point Foundation, said there needs to be changes, and hope that the decisions are made in a rational manner.

- Alan "Mickey" Shipley, if you ask clients to go to a new location, they have to start their whole lives over again.

- Nancy Lewis, FNP at Cole Street Youth Clinic, spoke on behalf of the programs for youth. Please save their clinic director's job. Michael Baxter has provided tremendous services. Under his leadership, the clinics have made a difference in the lives of so many San Francisco youth.

- Pam Fischer, President of NAMI San Francisco, said that Sunset Mental Health has the only socialization program in the city. Please save the Mission clinics and Sunset Mental Health.

- Jane Kiskiras said the proposed cuts are the same as were proposed by Governor Reagan, and you have seen the results of this. Need to find more and better funds, not cut programs. Private businesses should do more to help.

- George R. Williams, said people are being ripped off by pharmaceutical companies. If the Department keeps throwing money at pharmaceuticals, it will not have money to provide services. The Senior Action Network has 12 bills in the hopper, and will have 1,500 at a rally tomorrow.

- Terry Wong, spoke in opposition to the closure of Sunset Mental Health. It is a comprehensive agency serving adults and children. One of the unique programs is the Socialization Wellness Recovery Program, which could not be continued if the program is consolidated.

- Jay Sheffield, Social Worker at Tom Waddell Health Center, DEAP assists the most vulnerable people in San Francisco. Since January 2002 have achieved 200 successful SSI applications. The program has saved the City millions of dollars.

- DeForest Woods, representing 5th Street Agenda and Mental Health Association. In order to help a person with mental illness, you have to get to know him or her. He pleaded with the Commission to think twice about making these cuts.

- Matsumoto Ichiro Kenneth, spoke in support of Sunset day treatment. The treatment gives him serenity, harmony, peace and so many other blessings. It gave him a chance. It is a very safe place. The older people that are served by this program will probably end up at Laguna Honda.

- C.W. Johnson, client at the Sunset Mental Health Center, said this is the most integrated service program he has ever seen. Do not take this away.

- Teresa Friend, Homeless Advocacy Program of the Bar Association, spoke against the elimination of the DEAP program. HAP's successful partnership with DEAP saves the City millions of dollars per year, plus gives the patients better medical care. The community-based provider only serves people who are currently in treatment.

- Patricia Perez-Arce, Ph.D., Director of Castro-Mission Health Center, said the base and contingency budget cuts will result in reduced services at the primary care clinics of up to 25 to 30 percent. 39 clinical and staff positions are being eliminated, as well as all health center directors. There are other ways to save money.

- Jennifer Gunn, RN at the SFGH Dialysis Center, said most of the dialysis patients speak a language other than English. These patients could not receive training and education in their own language at any other facility in San Francisco. None of the current workers will work at the private, for-profit dialysis centers that the Department is proposing will serve these patients.

- Madeline Burnell, Social Worker at the SFGH Dialysis Unit, said the unit sees homeless, people with mental health and substance abuses, and people who speak a variety of languages.

- Ligia Jeanette Vasquez Villigran, spoke against closing the dialysis unit.

- Victor Travis, Health Educator at the Balboa Teen Health Center. The staff is very distressed that their center director, Michael Baxter, has received his pink slip. If the Commission is concerned about the health and welfare of young people, they should hold on to Michael Baxter.

- Stella Rubenstein, spoke in support of Michael Baxter and read from a letter from the Balboa High School principal and assistant principal (on file).

- Madeline Ritchie, Center Director at Chinatown Public Health Center, spoke against the proposed primary care cuts. The Commission must recognize that there is an enormous need for mental health and medical services in San Francisco. We need to collectively look for new revenue, and not be pitted against each other.

- Donald Frazier, Walden House, said it is good that the proposed budget saves direct services, except one. Walden House was targeted for cuts in the baseline budget. He recommends restoring funding for the cuts that were made.

- Anonymous supporter of Sunset Mental Health. Mentally ill people tend to be isolated because of the stigma of mental illness. He has gone from a socially isolated individual to a tax-paying worker because of Sunset Mental Health.

- Evelyn Soto, consumer of services at Mission Mental Health, as well as a peer counselor. She is a peer counselor and graduate student because of the care she received at this clinic. The clinic is very easily accessible by BART and busses. She is also concerned that people who get services at primary care clinics will not welcome mental health clients.

- James Beck, HAFC, it is unacceptable that there is no revenue bonds for critical services, unacceptable that mental health services are being cut, now we are funding the school district out of the general fund. That said the Department must be commended for focusing on administrative cuts, rather than direct services. It is really unprecedented.

- Dr. Rudy Rodriguez, Medical Director of the Dialysis Unit, is baffled by the proposed closure because nothing has changed since the department decided. If the unit is closed, it will take a long time for the clients to find other chairs. Most dialysis units in San Francisco do not accept emergency MediCal. Approximately 10 percent of clients have emergency MediCal. There are viable options to closure.

- Angie Gonzalez, works in the Dialysis Unit, said these clients are going to end up in the emergency room and end up costing the city more money.

- Kathryn Fontcuit, physician assistant at the SFGH Renal Center, said they have met their budgetary goals, passed hospital and DHS inspections, and it is appalling to see that they are now threatened to be closed. Care is not the same at private dialysis providers.

- Dr. David Pearce, Chief of Nephrology at SFGH, spoke on behalf of the Renal Center. The center serves the most vulnerable patients in San Francisco. The dialysis is and can continue to operate in the black, even considering capital improvement costs.

- Inez Ascencio, Southeast Child and Family Therapy Center, spoke in opposition to elimination of the senior social workers. The cuts would impact client services. She provides services to clients. In her program specifically, 125 clients would be impact.

- Juan Pauli, Director of Mission Family Center, said he is disturbed that the cuts are not evenly distributed. Also, too many people in the trenches who are being cut.

- Cristy Johnston, speaking on behalf of Mauricio Vela, spoke in support of the senior social worker position at Southeast Child and Family Therapy Center. She is one of

the only Spanish-speaking social worker who provides direct services. Do not cut her position.

- Anna Ulbrich, Bernal Heights Neighborhood Center, spoke in support of the senior social worker position at the Southeast Child and Family Therapy Center. The statement that this cut will not impact direct services is false.

- Estela Garcia, Associate Director, Instituto Familiar de la Raza, said that on the one hand the budget recognizes the importance of community-based providers. But on the other hand, she is concerned with the dismantling of mental health services. There needs to be a process for putting these changes in place.

- Richard Marquez, Mission Anti-Displacement Coalition, profoundly opposed to this round of cuts, particularly the closure of Mission Mental Health. The people of the Mission district will bear the brunt of these cuts.

- Leticia Perez, spoke in support of Inez Ascencio, who has worked with her for several years. She is one of the few bilingual staff at this program.

- Mary Kate Connor, Director of Caduceus Outreach Services, said it is very clear that anyone with psychiatric illness is being disregarded. Over the last 15 years, cuts in the Health Department have been disproportionately targeted toward mental health services.

- Dr. Paul Quick, Tom Waddell Health Center and DEAP, said that he cannot imagine where they are going to put the clients from Mission Mental Health, and it is not a culturally appropriate location for Spanish speaking clients. With regard to DEAP, this program targets a population that is not currently connected to services. He submitted a letter for public record (on file).

- Junie, client at Mission Mental Health, please do not take the only services she had.

- Debbie Lerman, Human Services Network, applauded the Mayor for letting the department submit a budget with less than 15 percent of a contingency cut and that preserves direct services. There needs to be leadership in identifying new revenue.

- Barbara Farrell, Ohlhoff Recovery Services and chair-elect of the Treatment on Demand Planning Council. Applauded the Department for looking at administrative reductions instead of service cuts.

- Jeanette Hassberg, said all over the state cuts are targeting people with psychiatric disabilities. The services are so much more important than the buildings they are in. The program helps save the city money.

- Michael Lyon, Coalition for Public Health, asked how far these cuts are going to go. Patients just above the poverty level are going to pay more for their medication. Health patients are going to be sent to clinics whose infrastructures are already being destroyed.

- Martha Hawthorne, Public Health Nurse at Castro Mission, said the Health Commission must clearly articulate that this is a budget of despair. She submitted information about the Dimensions Health Services (on file).

- Jerry Berbiar, member of Coalition for Public Health, said Castro Mission has helped him immensely. The services that helped him are being dismantled, and this is unacceptable.

- Laurie Hampton spoke against the proposed cutbacks, and submitted her comments for the record (on file).

- Jennie Woo, Public Health Nurse at Chinatown Public Health Center, the centers will be very chaotic without center directors, and having medical directors do administrative work will reduce the time they can spend providing medical care.

- Laura Guzman, Mission Resource Center, spoke in opposition to cut to Mission Mental Health. This is a slap in the face to the Mission community. The clients will not go to Tom Waddell. The services are not proximate.

- Derrie McClure spoke in support of Walden House residential treatment.

- Larry Geffen spoke in support of funding for residential beds at Walden House.

- Athena Pierce, speaking in support of Walden House, said the program is losing funding for beds for people trying to become active members of society. If they are denied a bed, they are denied a chance to change.

- Donald Adams spoke in support of Walden House residential treatment. Without this program, he and others would be back in prison. Treatment is more cost effective than sending people to jail.

- Roy Steele spoke in support of Walden House residential treatment.

- Hjalmar Bjorkman spoke in support of Walden House residential treatment. This program gives him the help he so desperately needs.

- Kevin Rose, representing the owners of 2712 Mission Street. There has been a lot of discussion about the high rent for this lease. The owners are willing to renew an option to purchase a below-market rate. The ownership group is a 20-year resident of the city with ties to the Mission. The owner is not currently making a profit.

- Ruth Rivera spoke on behalf of Mission Mental Health and Mission ACT. People who live in the Mission will not be able to go to other clinics.

- Jan Shropshire, PHN at Chinatown Health Center, said the health center is a magical place. The clinical directors provided much-needed leadership. Chinatown Health Center has a history of cost-effective quality services. Why fix something that is not broken.

- Francisco Da Costa, Director of Environmental Justice Advocacy, said there should be no cuts, but rather increased funding.

- Eve Meyer, San Francisco Suicide Prevention and President of the Mental Health Contractors Association, which voted this morning to support this budget, even though it is a bitter pill.

- Andrea Leung, Asian American Mental Health Task Force, spoke in support of continuing services at Sunset Mental Health. She is very concerned about where the clients will receive proper service—the community-based provider is not even known.

- Otto Duffy, Tom Waddell Advisory Board, said there are policy options available to sidestep these cuts.

- Mark Bernstein, psychiatrist and Medical Director at Sunset Mental Health, said he first heard of the proposal to close the sight four days ago. It makes no sense to reconfigure this program in a sterile environment miles away, which is already facing staff shortage. It is foolhardy to sell an on-going resource for one-time cost savings.

- Robert Freeh, client at Mission Mental Health, said he is not ready for change or to go to a different person for services. Do not close this program.

- Dr. Brandon Vance, Mission Mental Health, said he has seen the strong relationships that staff has developed with the clients. The location is very important. People in the Mission district are unlikely to consistently go to another location for care.

- Thalia Gravel, Transgender Lifecare Project at the Castro-Mission Health Center. There is only one person who is really truly experienced with the needs of transgendered people, and this person is the Transgender Lifecare Project.

- Iris Goodwill, Tom Waddell Clinic, said the clinic still accepts patients into primary care even though they do not have the capacity. She finds it unrealistic that the proposed cuts will not affect patient care. There are inaccuracies in the contingency budget

- Larry Bevan, Local 250 Shop Steward, commended the budget for targeting administrative positions. But one area of concern is the cuts to mental health. There are not enough services currently, so where are these 1,300 people going to go.

- Barbara Devaney, Bayview Hunters Point Foundation who sees clients at Sunset Mental Health, said without this clinic there would be a loss of community.

- Ying Zhang-Chiu, Sunset Mental Health, said this is the only mental health service provider in this area that has the language capacity to deal with this population. The clinic is the home and the lifeline for many people.

- Tina Shereen, Family Practice resident at SFGH, said the clinics are already stretched to capacity. She was unable to get follow-up care for a patient because the clinic was

not accepting patients at this time. Cuts to support staff will make an already difficult situation worse.

- Christine Dehlendorf, Family Practice resident at SFGH, said there is already a shortage of capacity in primary care; her patients cannot get timely follow-up appointments. Cuts to clinicians and support staff will overwhelm and already overwhelmed system.

- Cynthia Pon, psychiatric social worker at Sunset Mental Health. The savings from the proposed cuts are primarily being directed to community-based alternatives. So the real result is only a displacement of mental health clients.

- Jane Ma, the proposed budget impacts for civil service programs without any discussion or involvement of program staff. Sunset Mental Health is a unique program that has worked collaboratively with Ocean Park for many years.

- Pam-Pam Gaddies, Operation Save a Life, said that violence is a health issue, and she invited the commission to visit Sunnydale and Hyde

- Lisa Leighton, PHN at Silver Avenue Clinic, spoke against the cuts to primary care nurses, including the elimination of the director of nursing for the CHN network. She said the Department is losing revenue due to inadequate billing.

- Eun Joo Justice, psychiatrist at Sunset Mental Health Center, said that Manhattan has no homeless people because they provide long-term, expensive mental health services. Here, the Mayor wants to reduce the homeless population, yet he is cutting mental health services.

- Allegra Melillo, Resident and the Family Medicine Clinic at SFGH and doc at Ocean Park Health Center. Sunset Mental Health saves lives, and we really need to look at the long-term effects to the community.

- Patrick Monette Shaw (submitted via e-mail) - Initiatives DEPT1 and DEPT2 in the Contingency Budget don't list job classifications for 83.51 FTE positions being eliminated. Ethically, this Commission cannot approve this budget without first knowing which positions will be eliminated. You must table voting on this budget until the public learns which healthcare safety net positions are being eliminated. Health Commissioners have no business recommending in the last paragraph of your draft Resolution to the Board of Supervisors and the Mayor that the Commission supports employees continuing to pay the 7.5% retirement awarded in lieu of a wage increase years ago. You have no business asking me to pay 7.5% for a second year. Instead, ask the 27 San Francisco companies on the Chron 200 list who earned $10.5 billion in net income last year for 7.5%. That would yield $787.5 million, solving this year's and next year's purported deficits. Make big business pay its fair share!

Written testimony

- Gary Robinson, Union of American Physicians and Dentists, submitted a letter expressing opposition to the contingency budget (on file).

Commissioners' Comments

- Commissioner Penn thanked the Department and Mayor's Office their hard work. The spirit of the reductions is commendable, but the practical execution of the cuts will be damaging. The timing has been so condensed and he feels extremely uncomfortable taking action on this proposal today. The cuts disproportionately affect vulnerable populations, and the draft resolution does not reflect this. Finally, it is very difficult to evaluate the contingency budget without seeing other options.

- Commissioner Sanchez said the term "budget of despair" accurately describes the proposed budget. One of the main focuses of the Department has been to provide culturally competent services. The Public Health Department has been a leader in some of the best models for health care, including homeless services, wellness centers, and so many others. This is now being dismantled. We need to look at alternatives to closing the Mission mental health clinics. There are no other resources in the Mission. Other health centers are at capacity. He would like to remove the two Mission mental health programs from the contingency budget, and will propose a formal amendment to the resolution.

- Commissioner Umekubo thanked the public for its testimony. In times of crises, people step up with cost-savings ideas that should be considered. The contingency budget contains good elements and bad. There are close to $10 million in reductions that do not affect services, and this is positive. The Health Commission should try its best to preserve the services that will have an impact on direct services.

- Commissioner Guy said the staff provided a positive context for evaluating the proposed budget, which is helpful. The budget partially moves the Department in the right direction, but the Health Commission needs to make clear other cuts will have a devastating impact. The Health Commission was not given the time it needs to fully deliberate upon the impact of these cuts. Whether it is the intent or not, the public health sector is really being dismantled. She wants the Health Commission to reflect on the cuts, and the testimony, before taking action. The Health Commission cannot judge the impact of the administrative cuts. It is the Health Commission's responsibility to ensure that quality assurance is maintained. She asked why the services provided by DEAP are recommended to be provided by a contractor. Dr. Katz replied that it is his assessment that they could get as many clients eligible for SSI for less money. It is a different model. Commissioner Guy is concerned that the Mission mental health clinics are proposed to be closed to save money on rent. How can the integrity of these successful services be maintained? She also heard the same concerns around Sunset Mental Health. Culturally competent services are not easily replaced.

- Commissioner Illig said his first reaction to the plan was relief because he knows what could have been on the table. Also, Dr. Katz did the right thing by focusing on administrative cuts. Structural changes mean integration, reorganization, and reduction in administrative services. This can be painful and in a perfect world would be done with more time to plan. But the fiscal shortfall necessitated that this be done now. The public testimony clearly conveyed the human costs of these cuts, for both clients and staff. The staff will have the extra burden, as well as staff of community-based organizations, of working with clients to make sure they are not lost during the restructuring and integration. He is concerned that one third of the general fund cuts are in mental health. He clarified that Shanti serves some of the most vulnerable homeless individuals. The Health Commission and the Department

need to work with the Board of Supervisors to get revenue packages on the ballot to backfill some of these cuts.

- Commissioner Monfredini supports the budget, but also supports revisiting the mental health programs in the Mission. She commended Dr. Katz for taking internal cuts first. Commissioner Monfredini trusts that Mr. Sass, the DPH CFO, would re-examine billing system to make sure that the Department is bringing in as much revenue as possible.

- Commissioner Chow said this was a very difficult budget, and staff and the Mayor's Office must be commended for reducing the magnitude of cuts that needed to be proposed. Staff took cuts internally first, with the effort to maximize preservation of services. That said there are cuts in services. He has asked that the Primary Care restructure be brought to the Health Commission for more detailed discussion.

Action Taken: The Health Commission approved an amendment to add the following language to the resolution:

After the 7th whereas, "Whereas, the Commission has heard extensive testimony about the reconfiguration of mental health services within the Mission; and"

After the 1st Further Resolved, "Further Resolved, that the reconfiguration of mental health service in the Mission must be studied further prior to the Health Commission recommending its submission to the Mayor; and"

(Commissioners Chow, Guy, Monfredini, Penn, Sanchez, Umekubo voted for the amendment; Commissioner Illig voted against the amendment.)

Action Taken: The Health Commission unanimously passed Resolution #09-04, "Regarding the Fiscal Year 2004-2005 Contingency Budget, and Urging the Mayor and the Board of Supervisors to Work Together to Minimize Reductions to Health Services," as amended (Attachment B).

4) PUBLIC COMMENT

None.

5) ADJOURNMENT

The meeting was adjourned at 8:30 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (2)

San Francisco
Department of Public Health
Contingency Budget
FY 2004-2005

Mitch Katz, M.D.
Director of Health
May 11, 2004

Base Budget Highlights

- Addressed a number of structural, inflationary and regulatory issues with $19.7M in increased expenditures.
- Included $1.5 million to replace lost grants for existing methadone slots and to create new slots
- Included $8.6 million in administrative reductions and eliminated 98 positions from the administrative budget.
- Minimized reductions to services.
- The Base Budget, as revised, reduced the Department's GF $12.3M after removing parking fee increases at the SFGH Garage.

Base Budget Summary

Base Budget Initiatives	FTEs	Amount (in millions)
Cost increases due to structural, inflationary and regulatory issues	15.6	$19.7
Increased Revenues	7.2	($18.0)
Revenue Neutral Initiatives	13.7	($ 0.1)
Expand Community Based Alternatives (net of $1.4 million in funding for methadone slots)	(17.3)	($ 0.8)
Administration and Operation reductions	(98.1)	($ 8.6)
Referral Services reductions	(3.0)	($ 0.3)
Behavioral Health reductions		($ 1.0)
Other reductions	(5.0)	($3.2)
Total	(86.9)	($12.3)

Contingency Budget Overview

- Original instruction from the Mayor's Budget Office: develop a contingency budget that would reduce our General fund by 15% or $37.1 million.
- Not possible to make such a large cut without eliminating vital safety net services
- Mayor reduced our General Fund reduction to $19.7M which represents 8.2% of our General Fund
- In addition, the Department will be returning a surplus of $5.6M to the General fund for the current year
- This effectively increases the Department's General Fund contribution to $25M from the contingency plan and return of surplus

Contingency Budget Detail

DEPARTMENT WIDE

	Priority *	FTEs	General Fund
Administrative Reductions Reduces Administrative and Operations cost at all levels of administration	1	(36.84)	($2,576,516)
Adjust salary savings to amount equal to deleted vacant positions Removes funding from Attrition Savings for positions deleted in base budget	1	(46.67)	($3,199,512)
Turn in pagers and cell phones	1		($100,000)
Total		(83.51)	($5,876,028)

*** The Department will recommend saving priority 2 programs over priority 1 programs if additional funding becomes available.**

Contingency Budget Detail

SAN FRANCISCO GENERAL HOSPITAL

	Priority *	FTEs	General Fund
Increased premiums for Healthy Workers premiums funded with County State and Federal funds, will not impact enrollees	1		($1,910,687)
Redesign of pharmacy benefits for Healthy Workers Increase copays from $3/$5 to $5/$10. Limits choice of pharmacies to access discounts on drug costs	1	0.42	($808,437)
Close Dialysis Unit Facility is not licensable by JCAHO. Clients will be referred to other locations	2		($338,943)
Total		0.42	($3,058,067)
Remaining after reductions		2,479.69	$75,972,261

Contingency Budget Detail

LAGUNA HONDA HOSPITAL

	Priority *	FTEs	General Fund
Contract out Laguna Honda Laundry Outsourcing will obviate the need to purchase trucks with an estimated cost of $365,000, which is not in the operating budget. Total dollar savings related to outsourcing will therefore exceed $2 million. All potentially displaced laundry employees are currently employed by the Health Department in other jobs. We continue to need laundry workers to collect and distribute laundry within Laguna Honda Hospital. Displaced laundry workers will be re-assigned to other jobs at LHH and SFGH	1	(52.40)	($1,755,723)
Remaining after reductions		1,452.12	$31,023,435

Contingency Budget Detail

MENTAL HEALTH

	Priority *	FTEs	General Fund
Integrate 5 Adult MentalHealth Clinics with Primary Care Clinics Integrate primary care and behavioral health by eliminating four mental health clinics and relocating the clients and staff to four Primary Care Clinics. Clinics were paired where there was the greatest overlap of clients.	2	(18.58)	($3,772,000)

Mental Health Clinic	Primary Care Clinic
Sunset	Ocean Park
Mission Team II	Castro Mission
Mission	Tom Waddell
Older Adult	Curry Senior

Contingency Budget Detail

Mental Health (contd.)

Step-Down Transition for Clients in the Mission Assertive Community Treatment Close the civil service Mission Assertive Community (ACT) facility and reassign the 100 clients to (a) an intensive case management program or (b) one of two existing ACT programs depending upon their level of need.	2	(11.91)	($460,390)
Total		(30.49)	($4,232,390)
Remaining after reductions		480.17	$20,665,827

Contingency Budget Detail

PRIMARY CARE

	Priority *	FTEs	General Fund
Increased savings from Primary Care Administrative Cuts	1	(1.67)	($444,807)
Eliminate middle managers of social workers Eliminate administrative layer and streamline supervision	2	(6.5)	($440,201)
Eliminate Disability Evaluation Unit The augmentation in the base for the SSI Pilot Project will be a more effective way to provide this service.	2	(6.54)	($529,280)

Contingency Budget Detail

Primary Care (contd.)

Restructure Primary Care Clinics Restructure Primary Care Clinics based on zero-based budgeting using industry standards of number of examinations rooms per primary care provider and number of support staff per provider. We will also be closing evening clinic at Castro Mission Health Center and reducing satellite clinics for Tom Waddell Clinic. Existing patient will be absorbed with the existing hours for facilities of Castro Mission and Tom Waddell	2	(26.60)	($2,471,276)
Total		(41.31)	($3,885,564)
Remaining after reductions		401.48	$23,883,065

Contingency Budget Detail

PUBLIC HEALTH

	Priority *	FTEs	General Fund
Shanti – Emotional & Practical Support	2		($401,811)
SF AIDS Foundation/AIDS Health Project – Emotional Support Services	2		($383,179)
Positive Resources – Reentry to Work Program for persons with HIV	2		($140,000)
Total			($924,990)
Remaining after reductions		804.96	$25,600,427

Contingency Budget Summary

SUMMARY

Priority *		FTEs	General Fund
1	Savings that can be implemented without impact on direct services	(137.16)	($10,795,682)
2	Savings that will impact services	(70.13)	($8,937,080)
	Total	(207.29)	($19,732,762)

* The Department will recommend saving priority 2 programs over priority 1 programs if additional funding becomes available.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 9-04

REGARDING THE FISCAL YEAR 2004-2005 CONTINGENCY BUDGET, AND URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO WORK TOGETHER TO MINIMIZE REDUCTIONS TO HEALTH SERVICES

WHEREAS, the City and County of San Francisco is facing a $299 million dollar shortfall for fiscal year 2004-2005; and,

WHEREAS, the Department of Public Health has submitted to the Mayor a base budget that includes absorbing $19.7 million in unavoidable increases and a $12.6 million decrease in General Fund usage; and,

WHEREAS, the Department of Public Health has been requested to develop a contingency plan that will decrease the utilization of its General Fund by an additional 8.2 percent, which is a $19.7 million reduction; and,

WHEREAS, these cuts will total the largest single year General Fund cuts that the Department of Public Health has ever had to consider; and,

WHEREAS, included in the contingency budget are $2.6 million of administrative cuts, which equates to 36.84 fulltime budgeted positions; these administrative reductions are in addition to the 85 positions that were eliminated in the base budget; and,

WHEREAS, the Department has worked exhaustively to achieve this level of budget reductions by focusing on internal operations while minimizing cuts to direct services, and staff should be applauded for their efforts; and,

WHEREAS, despite these efforts, some reductions will occur and these reduction will have an impact on services; and,

WHEREAS, the Commission has heard extensive testimony about the reconfiguration of mental health services within The Mission; and,

WHEREAS, there will be a loss of valued employees who have contributed to the Department's mission over many years; and,

WHEREAS, the Health Commission understands that the Mayor and Board of Supervisors, during these tough fiscal times, will have to pursue all options to balance the budget, including service reductions, layoffs and new revenue opportunities; and,

WHEREAS, last year City employees agreed to pay their own retirement benefits so that safety net services could continue to be provided; now, therefore, be it

RESOLVED, that the Department is commended for attempting to achieve savings by reducing infrastructure and administrative services while recommending minimal service cuts that are mostly support services; and, be it

FURTHER RESOLVED, that the reconfiguration of mental health services in The Mission must be studied further prior to the Health Commission recommending its submission to the Mayor; and, be it

FURTHER RESOLVED, that the Health Commission finds that those services that will be eliminated will negatively impact those people currently being served; and, be it

FURTHER RESOLVED, that the infrastructure and administrative cuts will negatively impact the Department's ability to effectively and efficiently carry out its mission but that this will allow preservation of many safety net health services; and, be it

FURTHER RESOLVED, that the Health Commission continues to be deeply concerned about the extent of administrative staff reductions proposed and the potential impact on the Department's ability to effectively and efficiently manage the wide range of services critical to fulfilling the mission of the Department; and, be it

FURTHER RESOLVED, that as a result of the contingency budget reduction, the Department will lose valued employees who have for many years contributed to the Department's mission to protect and promote the health of all San Franciscans, and the Health Commission thanks them for their dedication and service; and, be it

FURTHER RESOLVED, that the Health Commission encourages the Mayor and the Board of Supervisors to work together with all City Departments to examine all options to balance the budget and minimize cuts to critical public health services; and, be it

FURTHER RESOLVED, that the Health Commission supports a continued contribution by employees towards funding pension contributions at the current 7.5 percent rate, in order that crucial safety net services can continue to be provided.

I hereby certify that the San Francisco Health Commission at its meeting of May 11, 2004 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

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Executive Secretary

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AGENDA

DOCUMENTS DEPT.

MAY 17 2004

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HEALTH COMMISSION MEETING

Tuesday, May 18, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF MAY 11, 2004**
**Minutes of the meeting of May 11, 2004*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) **CHN-Laguna Honda** – Request for approval of a contract renewal with Bernd Kutzscher, M.D., in the amount of $149,790, to provide ophthalmology and optometry services for the residents of Laguna Honda Hospital, for the period of July 1, 2004 through June 30, 2007.
** Calendaring request memo, Monitoring report summary.*

(3.2) **CHN-SFGH** – Request for approval of a renewal contract with the Regents of the University of California, in the amount of $376,320, to provide orthotics and prosthetics for medically indigent adult clients of the Community Health Network, for the period of July 1, 2004 through June 30, 2005.
** Calendaring request memo, Monitoring report summary.*

(3.3) **CHN-SFGH Medical Staff Services** – Request for approval of a renewal contract with Medical Staff Services Registry, Inc., in the amount of $75,000, to provide as-needed credential verification services for San Francisco General Hospital, for the period of June 1, 2004 through June 30, 2006.
** Calendaring request memo, Monitoring report summary.*

(3.4) **CHN-SPY-YGC** – Request for approval of a contract renewal with St. Mary Prescription Pharmacy, in the amount of $415,000, to provide as-needed outpatient pharmacy services for the clients of the Community Health Network, Special Programs for Youth/Youth Guidance Center and associated programs, for the period of June 1, 2004 through June 30, 2007.
** Calendaring request memo, Monitoring summary.*

(3.5) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Alameda County Health Care Services Agency, in the amount of $1,620,464 per year for four years, for a total contract amount of $6,481,857, to provide fiscal management services and access to 24-hour, skilled-nursing, neuro-behavioral care for individuals with Organic Brain Syndrome impairment, for the period of July 1, 2003 through June 30, 2007.
** Calendaring request memo, Monitoring memo.*

(3.6) **BHS-Substance Abuse** – Request for approval of a resolution to enter into, accept and expend a combined Negotiated Net Amount and Drug Medi-Cal Agreement with the California State Department of Alcohol and Drug Programs (DADP) in the amount of $57,686,688 for the period of July 1, 2004 through June 30, 2008.
** Calendaring request memo, Resolution, Summary of Agreement.*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF MAY**
**List of Awardees*

6) **PRESENTATION OF THE EMERGENCY MEDICAL SERVICES (EMS) ANNUAL AWARDS**
(John Brown, M.D., EMS Medical Director)
** List of Awardees*

7) **FOR DISCUSSION:** **PRESENTATION OF THE EMERGENCY MEDICAL SERVICES (EMS) ANNUAL REPORT**
(John Brown, M.D., EMS Medical Director)
**Report*

8) FOR DISCUSSION: PRESENTATION OF THE CULTURAL COMPETENCY REPORT
(Norm Nickens, Deputy Director, EEO and Cultural Competency)
*Report

9) PUBLIC COMMENT**

10) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

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The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

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Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

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MINUTES

04

HEALTH COMMISSION MEETING

Tuesday, May 18, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W.
Commissioner James M. Illig
Commissioner Michael Penn, M.D., Ph.D.
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D. (Arrived at 4:10 p.m.)

Absent: Commissioner Lee Ann Monfredini, Vice President

2) APPROVAL OF THE MINUTES OF THE MEETING OF MAY 11, 2004

Action Taken: The Commission (Chow, Guy, Illig, Penn, Sanchez) amended the minutes to include additional written testimony that was submitted during the hearing. The written testimony was from: Barry Zevin, M.D.; China Express Deli – support for Mission Mental Health ISC and Mission ACT; La Corneta Taqueria – support for Mission ACT and Mission Mental Health; Various Mission Merchants (Café Venice, Chow's, Walgreen's, 23rd and Mission Produce, The Balloon Place) – support for Mission ACT and Mission Mental Health; Sally Kaufman, M.D., President, Friends of Sunset Mental Health –

petition in support of Sunset Mental Health; Petition in support of Mission Mental Health and Mission ACT; Chinatown Public Health Center Staff – letter/petition in support of Madeline Ritchie.

The Commission (Chow, Guy, Illig, Penn, Sanchez) approved the minutes of the May 11, 2004 Health Commission meeting as amended.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(3.1) **CHN-Laguna Honda** – Request for approval of a contract renewal with Bernd Kutzscher, M.D., in the amount of $149,790, to provide ophthalmology and optometry services for the residents of Laguna Honda Hospital, for the period of July 1, 2004 through June 30, 2007.

Secretary's Note – Dr. Terry Hill said the information in the Health Commission's packet incorrectly states that ophthalmologic surgery is performed at SFGH. Dr. Hill has given the doctors authorization to do the surgery at Seton Medical Center.

Commissioners' Comments

- Commissioner Guy asked how many patients this doctor sees. Dr. Hill does not have the specific number, but said that the doctor sees almost all of the long-term patients at the hospital.

- Commissioner Penn asked why patients are not kept within the DPH system and sent to SFGH instead of Seton Medical Center. Galen Leung said that this service was put out to bid last year, and a number of these questions were raised. No one at UCSF bid for this service, Dr. Kutzner does not have admitting privileges at SFGH and there was a need for continuity of care for patients.

- Commissioner Sanchez thanked Dr. Hill for his years of medical leadership at LHH, and wished him well in his endeavors.

(3.2) **CHN-SFGH** – Request for approval of a renewal contract with the Regents of the University of California, in the amount of $376,320, to provide orthotics and prosthetics for medically indigent adult clients of the Community Health Network, for the period of July 1, 2004 through June 30, 2005.

Commissioners' Comments

- Commissioner Guy thanked Kermit Clayton for developing and implementing this program. Mr. Clayton is retiring later this year.

- Commissioner Sanchez abstained from voting on this item.

(3.3) **CHN-SFGH Medical Staff Services** – Request for approval of a renewal contract with Medical Staff Services Registry, Inc., in the amount of $75,000, to provide as-needed credential verification services for San Francisco General Hospital, for the period of June 1, 2004 through June 30, 2006.

(3.4) **CHN-SPY-YGC** – Request for approval of a contract renewal with St. Mary Prescription Pharmacy, in the amount of $415,000, to provide as-needed outpatient pharmacy services for the

clients of the Community Health Network, Special Programs for Youth/Youth Guidance Center and associated programs, for the period of June 1, 2004 through June 30, 2007.

This item was continued to the June 1, 2004 Health Commission meeting.

(3.5) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Alameda County Health Care Services Agency, in the amount of $1,620,464 per year for four years, for a total contract amount of $6,481,857, to provide fiscal management services and access to 24-hour, skilled-nursing, neuro-behavioral care for individuals with Organic Brain Syndrome impairment, for the period of July 1, 2003 through June 30, 2007.

Commissioners' Comments

- Commissioner Guy asked Linda Wang to give a brief history of why DPH decided to enter into this partnership. Ms. Wang said that a number of counties found that they had on their acute inpatient units people they had difficulty placing due to complex medical or psychiatric problems. The member counties decided to partner, as it would be difficult for any county to undertake this service by itself.

(3.6) **BHS-Substance Abuse** – Request for approval of a resolution to enter into, accept and expend a combined Negotiated Net Amount and Drug Medi-Cal Agreement with the California State Department of Alcohol and Drug Programs (DADP) in the amount of $57,686,688 for the period of July 1, 2004 through June 30, 2008.

Action Taken: The Commission (Chow, Guy, Illig, Penn, Sanchez) approved the consent calendar of the Budget Committee, with Commissioner Sanchez abstaining on item 3.2.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., presented the Director's Report.

May Revision to the State Budget

On Thursday, May 13th, Governor Schwarzenegger released the May Revision to his 2004-05 budget proposal released in January. The May Revision provides updated revenue and expenditure estimates, as well as modifications to the Governor's January budget and policy proposals. In the May Revision, the Governor outlines a plan to close a $14 billion deficit for 2004-05, eliminate the structural deficit in 2005-06, and implement structural reforms that provide future savings.

The budget anticipates $3.6 billion in new resources compared to the January proposal and reflects savings gained from multiyear agreements between the Governor and local governments, higher education and others. The Administration proposes to use these new funds and savings to scale back or eliminate many of the reduction proposals that were put forth in January. Following are the health-related proposals that were contained in the January budget but that are *rescinded* by the May Revise:

- 10 percent Medi-Cal provider rate reduction;
- Enrollment caps on Healthy Families, the AIDS Drug Assistance Program, the California Children's Services Program, State-only funded immigrant programs;

- Rebasing of rates in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program; and
- Block granting of all health and social service programs for immigrants.

However, the May Revision continues to rely on the following health service reductions that could decrease revenues to DPH by a total of $2.6 million in fiscal year 2004-2005:

- Restructuring of the federally qualified health center (FQHC) Medi-Cal prospective payment system (estimated impact on DPH - $1.8 million)
- Elimination of the children's system of care program for mental health services (estimated impact on DPH - $500,000)
- Increasing the county share of cost from 10 to 20 percent for the Early and Periodic Screening, Diagnosis and Treatment Program (estimated impact on DPH - $200,000)
- Reimbursing services provided under the Drug Medi-Cal program at fiscal year 2002-03 rates (estimated impact on DPH - $100,000)

In the next month, the Legislature will consider the individual items proposed by the Governor in his May Revision as well as on other budget issues that the Governor may not have addressed. It is anticipated that the new budget will be enacted by the Constitutional deadline of June 30th.

Community Health Education Section Program Featured In APHA Magazine

The SevenPrinciples for African American Infant Survival and Community Unity Project was featured in the May 2004 issue of the official magazine of the American Public Health Association. The project examines the promise of four interventions to reduce African American infant mortality, improve the health of the African American community, and reduce the disparities in infant mortality rates. The project is a joint project of the Community Health Education Section, Booker T. Washington Community Service Center, CAHEED, Jelani House, and the Family Health Outcomes Project of UCSF. The project is nearing completion of its third demonstration year and is projected to continue for at least three additional years. The SevenPrinciples project was included into the APHA's health disparities model programs' database launched during Public Health Week this year. The article and the database represent part of the APHA's focus on the elimination of health disparities."

Feeling Good Project Testifies at Assembly Hearing

Laura Brainin-Rodriguez, Coordinator of DPH's Nutrition Services' Feeling Good Project, presented testimony at a hearing by Assemblyman Mark Leno and the Assembly Select Committee on Childhood Obesity and Related Diabetes on the work taking place at DPH and the San Francisco Unified School District. Eric Hernandez, Child Health and Disability Prevention Program Nutritionist, presented information on DPH's "Eat Well, Live Better" project.

2004 Consumer and Family Mental Health Fair

Community Behavioral Health Services (CBHS) salutes May as Mental Health Month with the 3rd Annual Consumer and Family Mental Health Fair, Monday, May 24th, 12pm to 4pm, at the San Francisco Main Library, lower level. There will be videos on various mental health topics, entertainment, refreshments, and a number of information booths with representation from the City's various consumer and family self-help organizations, and mental health and substance abuse programs.

State Licensing Follow Up Visit at Laguna Honda Hospital

Four State Licensing and Certification Division evaluators conducted an unannounced visit of Laguna Honda Hospital between May 13th and –15th to review implementation of plan of correction measures

identified in the February 2004 annual survey. The survey team presented no findings of substandard care, but noted a few deficiencies. The State will send Laguna Honda its written findings to which the Hospital will respond with a Plan of Correction. The revisit will be discussed at the Laguna Honda Hospital Joint Conference Committee on May 27th.

COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL

May 2004
Health Commission – Director of Health Report

(From 05/10/04 MEC)	05/04	7/03 to 05/04
New Appointments	25	148
Reinstatements	0	0
Reappointments	54	377
Delinquencies		0
Reappointment Denials		0
Resigned/Retired	08	133
Disciplinary Actions		0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	05	105
Voluntary Relinquishments	5	2
Proctorship Completed	13	141

Current Statistics – as of 05/1/04	
Active Staff	429
Affiliate Professionals (non-physicians)	176
Courtesy Staff	514
Total Members	1,119

Applications In Process	22	
Applications Withdrawn Month of Jan 2003	0	11(07/03 to 05/04
SFGH Reappointments in Process Def 2003 to Mar 2004	173	

Commissioners' Comments

- Commissioner Guy asked if the proposed budget takes into consideration the State budget. Dr. Katz replied that the DPH budget does not factor in any State budget impacts. If the proposals are approved by the Legislature, the Mayor's Office has established a citywide State Budget set-aside. DPH should not expect further reductions based on the final State budget.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF MAY

This presentation was continued to the June 15, 2004 Health Commission meeting.

6) PRESENTATION OF THE EMERGENCY MEDICAL SERVICES (EMS) ANNUAL AWARDS

Commissioner Chow presented the Emergency Medical Services Annual Awards.

EMS FIELD PROVIDER AWARD TO: Alaina McNeill, EMT-1
King-American Ambulance Co.

For outstanding performance and professionalism as an EMT-1 conducting neonatal and inter-facility transports, as well as EMS calls, for the King-American Ambulance Co.

EMS HOSPITAL PROVIDER AWARD TO: Marlena Tang, M.D.
Kaiser Permanente Medical Center

For selfless and outstanding performance and leadership as an ED physician, the Medical Director of City College's Paramedic Training Program, and as a paramedic instructor.

EMS COMMUNITY SERVICES AWARD TO: Jorge Solis, RN
McMillan Center

For outstanding performance as the talented and compassionate Co-Director of the McMillan Center Stabilization Project for chronic inebriates since its inception in August 2003.

EMS DISPATCHER AWARD TO: Janet Selinger
Emergency Communications Dept.

For outstanding performance as a trainer and dispatcher and for exceptional talent in processing and properly directing medical calls for service.

RAYMOND LIM EXCELLENCE IN EMS AWARD TO: Michael Callaham, M.D.
University of California Med. Ctr.

For outstanding performance and leadership throughout a 20-year distinguished career as a pioneer and visionary of the EMS system in San Francisco.

Special Recognition Of The City College Of San Francisco Emergency Medicine Technician (EMT) Class, Evans Campus

7) PRESENTATION OF THE EMERGENCY MEDICAL SERVICES (EMS) ANNUAL REPORT

John Brown, M.D., EMS Medical Director, presented the Emergency Medical Services (EMS) Annual Report.

2003 Highlights – EMS System Planning and Development

- Major revisions of EMS System Policies
- SFFD Paramedic Service Provider Agreement
- Addition of Pro Transport –1 as BLS provider
- Approved Kaiser SSF as new receiving hospital

- McMillan Center Pilot as alternate receiving facility
- Established a Regional Trauma Medical Audit Committee – have begun the process with San Mateo County and Santa Clara County.
- 72% of incidents where fire apparatus was first unit on scene also had ALS capability. So increasing the proportional of paramedics who arrive first at the scene
- Implementation of new ambulance diversion policy
- Secured $250,000 of ASI Funding for implementation of LEMSIS
- Termination of SFFD Paramedic Training Program
- Approval of program, and first graduating class of paramedics from CCSF Training Program
- Continued work on Optimization of SF EMS System

2003 Highlights – Community Programs

- Over 100 Public Access Defibrillation Sites
- 8,400 participants in Disaster Registry

2003 Highlights – Emergency, Disaster and Terrorism Preparedness

- EMS radio check compliance at 90 percent
- Training of DPH DOC and EOC staff on disaster roles
- Led department-wide UASI strategic planning
- Key participant in citywide SHSGP, RSA and UASI grant programs.

Challenges

- Improving 911 Dispatch Times and AMPDS Priority Coding – need to get more dispatches safely into the Code 2 arena, need to reduce the Code 3 Dispatch Queue Interval; Target for next year is 7 ½ minutes for Code 3 Response Interval.
- Decreasing Emergency Department Overcrowding and Ambulance Diversion
- Instituting Mass Gathering Ordinance – working with Supervisor Dufty's Office; organized approach to 2003 Halloween in the Castro produced a 90% drop in calls for EMS service. There are some logistical issues to overcome.
- Gurney car ordinance – potential detriment to patient care and disaster preparedness
- Decreasing Trauma Center vulnerabilities
- Securing ongoing funding for development of Local EMS Information System
- Increasing effectiveness and frequency of disaster drills and training.
- Develop DOC back-up power, cable and CAD access.
- Coordinate Medical/Health disaster-terrorism preparedness

Dr. Brown discussed some of the disaster planning and response efforts, including Disaster Registry Program and Department Operating Center Upgrades.

Dr. Katz said that the EMS system is extremely complex. It has both the everyday issues of 24-hour, seven-day-a-week, emergency response. At the same time, the system must plan for disasters. The system's efforts depend on cooperation, and it does not control the resources explicitly. So it is quite challenging. The agency has professionalized the EMS system and has put a structure in place to continuously strive for improvements.

Commissioners' Comments

- Commissioner Umekubo was happy to see that the all the hospital have improved over past performance in the HearNet response rate. What were the problems? Dr. Brown said that in some cases it was an equipment problem, in some cases a training problem and in some cases a procedural problem. Commissioner Umekubo noted that one of the findings of the 9/11 investigation was that there was a breakdown in communication between fire fighters and police officers, and asked how this could be avoided in a similar situation in San Francisco. Dr. Brown replied that the Emergency Communications Department is the essence of the solution. All public safety agencies, as well as outside agencies, communicate. In addition, San Francisco already has so many things in place that other agencies only understand the value of after a disaster.

- Commissioner Penn thanked Dr. Brown for his passion and dedication to this important work. He commended Dr. Brown for using a number of means to accomplish his tasks. He asked how easily the undertriage rate could be brought down to the standard level of 5-10%. Dr. Brown said they had found a disturbingly high number of trauma deaths at community hospitals. The EMS system secured grant funding and undertaking a preventable death study and hope to find identifiable system changes that could be made. Through quality assurance review, they have identified one problem of people who seem to have a minor head injury that turns out to be serious.

- Commissioner Chow asked the status of getting a generator at the EMS building. Dr. Brown said this has been an excruciatingly difficult process. They have secured the funding and are working with the Department of Real Estate to address other issues. Commissioner Chow would like an update to the CHN JCC on the status of the generator. Commissioner Chow said that the city has so much great capability now to respond quickly to emergencies. Dr. Brown said that the new Fire Chief is very supportive of EMS.

8) PRESENTATION OF THE CULTURAL COMPETENCY REPORT

Norm Nickens, Deputy Director, EEO and Cultural Competency, presented the annual Cultural Competency Report.

Mandates

- Charter mandated discrimination complaint process,
- Response to external discrimination complaints
- Compliance with ADA – Title 1
- Conduct language proficiency testing for DPH employees
- Monitor compliance with Equal Access to Services Ordinance
- Oversight, implementation and monitoring of Health Commission Cultural Competency Policy
- MOU mandated citywide Employee Assistance Program.

Recommendations

Cultural Competence Task Force

- Increase accountability of DPH managers and programs in the area of cultural competency
- Require annual reports to the Commission from DPH Section/Divisions to identify cultural competency goals and accomplishments

- Integrate submission of annual contractor cultural competency reports into COOL system
- Clarify responsibility of program managers in monitoring contractor annual report
- Develop minimum cultural competency requirements for all DPH programs
- Process should be time-phased and sequenced
- Clarify role of EEO Office in reviewing non-discrimination, grievance, reasonable accommodation and language access policies
- Identify how existing data collection can support evaluation of impact of cultural competency activities on healthcare outcomes
- Identify and disseminate best practice models from contract and departmental programs
- Recognize efforts of contractors who have developed model programs/policies
- Link departmental cultural competency objectives to other outcome measures and other DPH initiatives.

Cultural Competency Training

- Develop web-based documents and tools to assist program managers and contractors on how to develop, implement and evaluate cultural competency goals and objectives
- Expand partnerships to within DPH and CCSF to support cultural competency training
- Establish minimum cultural competency training requirements for all staff

EEO Complaint Resolution

- Establish minimum standards for frequency of Harassment-Free training for all employees
- Establish monthly training schedule at SFGH, LHH and 101 Grove
- Develop prevention model based on training, coaching, intervention, mediation, discipline, and complaint investigation.

Bilingual Services

- Offer regularly scheduled language proficiency testing
- Expand pilot training on how to provide bilingual services
- Consider mandating training for all employees receiving bilingual pay
- Address issues of access to trained, tested, bilingual (non-interpreter) staff
- Develop standard for bilingual signage
- Update/validate bilingual testing to assess level of proficiency
- Review compliance with Equal Access to Services Ordinances

Mr. Nicken's said that the City's Department of Human Resources is considering absorbing the DPH Employee Assistance Program into their department.

Commissioners' Comments

- Commissioner Illig said that many contractors approach the Department's cultural competency program with cynicism and arrogance. The CLAS standards were guidelines, but seemed to be morphed into requirements. Further, these are unfunded mandates. The standards are different for

community organizations than they are for the Department. Further, many community organizations were founded to serve specific communities. If this effort is approached a little differently, more contractors will come on board. He would like to see more focus on the linkage of cultural competency to outcomes. Commissioner Illig added that cultural competency should be a citywide effort, and asked if there is an effort to do this. Mr. Nickens said that DHS is developing a policy; his understanding is that the Citywide Task Force on Contracting considered this but decided against it. Mr. Nickens said that there are citywide solutions being developed.

- Commissioner Chow said the Health Commission policy came out of the desire to set a higher bar for providing culturally competent services to San Francisco's numerous demographics. This is a challenging effort. While the CLAS standards are guidelines, the Health Commission has asked that cultural competency be appropriately incorporated into contractor evaluation. The partnerships with community providers are extremely important, and the Department can learn from agencies. He added that the goal of cultural competency to create better health outcomes.

- Commissioner Penn said that often, cultural competency is considered synonymous with language. In the African American community, cultural competency is something different and extremely important given health disparities in this community. He is concerned that DPH's efforts are not capturing this distinction. He asked if there is a formal action plan, with milestones and timelines, for having cultural competency be a formal component of contract evaluation, as well as Departmental participation in cultural competency. Mr. Nickens replied that they have stepped back from this effort to look at the broader timeline issues. Commissioner Penn asked Mr. Nickens to provide the Commission with examples of exemplary reports/models from community-based organizations.

- Commissioner Sanchez said that foundations are very interested in board diversity, and are asking agencies to submit breakdowns. He is encouraged that there continue to be federal agencies, such as the Office of Minority Health, that provide oversight over these efforts. Commissioner Sanchez said that both the department and contractors have come along way. He remembers a time when a potential contractor adamantly declined to diversify board or staff.

- Commissioner Umekubo said he is please by how the effort has evolved over time. Cultural competency is important, yet somehow seems to take a back seat to care delivery issues. The Health Commission needs to be a leader on this issue, and keep hospitals and other service providers focused on the importance of this issue. It is not a focus of Continuing Medical Education. Mr. Nickens said there is a State Legislative Task Force that is looking at mandating cultural competency continuing education requirements for some professions.

- Commissioner Guy said the recommendations clearly outline how the Department is going to systematically take this to the next level. She supports moving toward a system of excellence, rather than just centers of excellence. The Department is currently updating its strategic plan, and this systems approach to cultural competency should be part of the next iteration. She is concerned that during difficult budget times, there may not be adequate staffing to meet all the expectations. She encouraged further partnership with the Mayor's Office of Disability.

- Commissioner Chow said he would like to provide continuing support and monitoring of this effort at the CHN Joint Conference Committee on a quarterly basis.

9) **PUBLIC COMMENT**

None.

10) **ADJOURNMENT**

The meeting was adjourned at 6:45 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, June 1, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MEETING OF MAY 18, 2004**
**Minutes of the meeting of May 18, 2004*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) **CHN/SFGH** – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California, in the amount of $2,550,000, to provide tertiary care services targeting medically indigent adults, In-Home Supportive Service workers and San Francisco County Jail patients, for the period of July 1, 2003 through December 31, 2004.
** Calendaring request memo, Monitoring report summary*

(3.2) **CHN/SFGH** – Request for approval of a contract renewal with Richmond Area Multi-Services, Inc., in the amount of $4,403,216, to provide culturally competent partial-hospitalization and aftercare treatment services targeting the community's mentally impaired population, for the period of July 1, 2004 through June 30, 2006.
** Calendaring request memo, Monitoring report summary*

(3.3) **CHN-SPY-YGC** – Request for approval of a contract renewal with St. Mary Prescription Pharmacy, in the amount of $415,000, to provide as-needed outpatient pharmacy services for the clients of the Community Health Network, Special Programs for Youth/Youth Guidance Center and associated programs, for the period of June 1, 2004 through June 30, 2007.
** Calendaring request memo, Monitoring report summary*

(3.4) **CHN-Primary Care** – Request for approval of a contract renewal with Mission Neighborhood Health Center, in the amount of $766,460, to provide Primary Care Services for medically indigent adults residing in the Mission District, for the period of July 1, 2004 through June 30, 2008.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.5) **PHP-BEHM** – Request for approval of a contract renewal with San Francisco Foundation Community Initiative Fund, in the amount of $75,000, to provide fiscal agent services for the San Francisco Food Council, for the period of July 1, 2004 through June 30, 2005.
** Calendaring request memo, Monitoring report summary, Summary of progress*

(3.6) **PHP-CMHS-MIS** – Request for approval of a renewal software maintenance agreement with InfoMC, in the amount of $245,160, to provide ongoing system maintenance and application support services for the CCURA3 software application for Community Mental Health Services, for the period of July1, 2004 through June 30, 2005.
** Calendaring request memo, Monitoring report summary*

(3.7) **PHP-CMHS-MIS** – Request for approval of a renewal software maintenance agreement with The Echo Group, in the amount of $411,597, to provide ongoing system maintenance and application support services for the INSYST software application in use by Community Mental Health Services, for the period of July 1, 2004 through June 30, 2005.
** Calendaring request memo, Monitoring report summary*

(3.8) **PHP-Housing** – Request for retroactive approval of a new contract with Mercy Services Corporation, in the amount of $763,533, to provide property management services in a Direct Access to Housing site, targeting homeless, extremely low-income persons with special needs, including substance abuse, mental health and physical disabilities, for the period of April 1, 2004 through June 30, 2005.
** Calendaring request memo*

(3.9) **PHP-Community Health Epidemiology** – Request for approval of a retroactive contract renewal with Mission Neighborhood Health Center, in the amount of $54,000 per year for three years for a total contract value of $162,000, to provide immunization education services targeting Latinos, for the period of July 1, 2003 through June 30, 2006.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.10) **AIDS Office-HIV Health Services** – Request for approval of a retroactive sole source contract renewal with Mission Neighborhood Health Center, in the amount of $70,440, to provide

HIV treatment outreach and counseling, and testing and referral services targeting HIV positive Latino/as living in and around the Mission District, for the period of September 30, 2003 through September 29, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.11) **AIDS Office-HIV Prevention** – Request for approval of a retroactive contract renewal with St. James Infirmary, in the amount of $102,262, to provide HIV prevention services targeting behavioral risk populations, for the period of January 1, 2004 through December 31, 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.12) **AIDS Office-HIV Prevention** – Request for approval of a retroactive new contract with Harder+Company Community Research, in the amount of $120,000, to provide technical support services to the HIV Prevention Planning Council, for the period of April 1, 2004 through December 31, 2004.
** Calendaring request memo*

(3.13) **BHS** – Request for approval of a new contract with ZiaLogic, in the amount of $112,000 per year for a total contract value of $224,000, to provide behavioral health integration consultation services, for the period of July 1, 2004 through June 30, 2006.
** Calendaring request memo*

(3.14) **BHS** – Request for site approval for relocation of Hyde Street Community Services, Inc., from 251 Hyde Street to 134 Golden Gate Avenue.
** Calendaring request memo, Site review community meeting memo*

(3.15) **BHS-Mental Health** – Request for approval of a renewal contract with Hyde Street Community Services, Inc., in the amount of $2,548,495, to provide comprehensive mental health outpatient services at the Tenderloin Clinic and wellness and recovery services at the Clubhouse targeting eligible adults in the Tenderloin area, for the period of July 1, 2004 through June 30, 2005.
** Calendaring request memo, Client demographic information forms*

(3.16) **BHS-Mental Health** – Request for approval of a contract renewal with Calvin Y. Louie, CPA, in the amount of $5,444,410, to provide fiscal intermediary services for the Community Mental Health Services supplemental residential care facilities, for the period of July 1, 2004 through June 30, 2005.
** Calendaring request memo, Monitoring report summary and Update memo*

(3.17) **BHS-Mental Health** – Request for approval of a renewal contract with Progress Foundation, in the amount of $9,729,503, to provide mental health, residential, outpatient and day treatment services targeting adult residents of San Francisco, with special services for senior, African-American, Asian, Latino and homeless communities, for the period of July 1, 2004 through June 30, 2005.
** Calendaring request memo, Monitoring report summaries, Plans of correction, Client demographic information forms*

(3.18) **BHS-Mental Health** – Request for approval of a contract renewal with Boys and Girls Club of San Francisco, in the amount of $112,251, to provide an Early and Periodic Screening, Diagnosis and Treatment mental health services program for youth, for the period of July 1, 2004 through June 30, 2005.
** Calendaring request memo*

(3.19) **BHS-Mental Health** – Request for approval of a contract renewal with Huckleberry Youth Programs, in the amount of $112,251, to provide an Early and Periodic Screening, Diagnosis and Treatment mental health services program for youth, for the period of July 1, 2004 through June 30, 2005.
* *Calendaring request memo*

(3.20) **BHS-Mental Health** – Request for approval of a new contract with ValueOptions, Inc., in the amount of $100,000, to function as an administrative services organization providing out-of-county mental health placement services to minors, for the period of July 1, 2004 through June 30, 2005.
* *Calendaring request memo, Administrative services organization memo, Contractor fact sheets*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **FOR DISCUSSION:** **LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT UPDATE**
(Michael Lane, Project Manager, LHH Replacement Project)
**Update*

6) **FOR DISCUSSION:** **PRIMARY CARE RESTRUCTURING UPDATE**
(Barbara Garcia, Deputy Director of Health, Community Health Services)
**Update*

7) **PUBLIC COMMENT****

8) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Approval of a settlement in the amount of $25,000 in the Keith Smith v. City and County of San Francisco et al, Superior Court case #422-906, City Attorney File #040178.

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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MINUTES

HEALTH COMMISSION MEETING

Tuesday, June 1, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:15 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Lee Ann Monfredini, Vice President
Commissioner James M. Illig
Commissioner John I. Umekubo, M.D. – arrived at 3:25 p.m.

Absent: Commissioner Roma P. Guy, M.S.W.
Commissioner Michael Penn, M.D., Ph.D.
Commissioner David J. Sanchez, Ph.D.

Commissioner Chow announced that the Board of Supervisors is holding its Bielenson Hearing on the proposed Health Department Budget on June 15 at 3:00 p.m. The Health Commission will therefore most likely cancel its June 15th meeting. The public will be notified accordingly.

2) APPROVAL OF THE MINUTES OF THE MEETING OF MAY 18, 2004

Action Taken: The Commission (Chow, Illig, Monfredini, Umekubo) approved the minutes of the May 18, 2004 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Chow chaired Items 3.1 through 3.12 of the Budget Committee meeting and Commissioner Monfredini chaired Items 3.13 through 3.20. Commissioner Illig attended the entire Budget Committee meeting.

(3.1) **CHN/SFGH** – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California, in the amount of $2,550,000, to provide tertiary care services targeting medically indigent adults, In-Home Supportive Service workers and San Francisco County Jail patients, for the period of July 1, 2003 through December 31, 2004.

Secretary's Note – The annualized difference on page 1 of the summary is indicated at "$850,000." It should be "-0-."

(3.2) **CHN/SFGH** – Request for approval of a contract renewal with Richmond Area Multi-Services, Inc., in the amount of $4,403,216, to provide culturally competent partial-hospitalization and aftercare treatment services targeting the community's mentally impaired population, for the period of July 1, 2004 through June 30, 2006.

Secretary's Note – The annualized difference on page 1 of the summary is indicated as "($672,245)"—a decrease. It should be an increase—"$672,245." The contract FTE annualized difference on page 1 is indicated as "(7.05)." It should be an increase—"1.70."

(3.3) **CHN-SPY-YGC** – Request for approval of a contract renewal with St. Mary Prescription Pharmacy, in the amount of $415,000, to provide as-needed outpatient pharmacy services for the clients of the Community Health Network, Special Programs for Youth/Youth Guidance Center and associated programs, for the period of June 1, 2004 through June 30, 2007.

(3.4) **CHN-Primary Care** – Request for approval of a contract renewal with Mission Neighborhood Health Center, in the amount of $766,460, to provide Primary Care Services for medically indigent adults residing in the Mission District, for the period of July 1, 2004 through June 30, 2008.

(3.5) **PHP-BEHM** – Request for approval of a contract renewal with San Francisco Foundation Community Initiative Fund, in the amount of $75,000, to provide fiscal agent services for the San Francisco Food Council, for the period of July 1, 2004 through June 30, 2005.

(3.6) **PHP-CMHS-MIS** – Request for approval of a renewal software maintenance agreement with InfoMC, in the amount of $245,160, to provide ongoing system maintenance and application support services for the CCURA3 software application for Community Mental Health Services, for the period of July1, 2004 through June 30, 2005.

(3.7) **PHP-CMHS-MIS** – Request for approval of a renewal software maintenance agreement with The Echo Group, in the amount of $411,597, to provide ongoing system maintenance and application support services for the INSYST software application in use by Community Mental Health Services, for the period of July 1, 2004 through June 30, 2005.

(3.8) **PHP-Housing** – Request for retroactive approval of a new contract with Mercy Services Corporation, in the amount of $763,533, to provide property management services in a Direct Access

to Housing site, targeting homeless, extremely low-income persons with special needs, including substance abuse, mental health and physical disabilities, for the period of April 1, 2004 through June 30, 2005.

(3.9) **PHP-Community Health Epidemiology** – Request for approval of a retroactive contract renewal with Mission Neighborhood Health Center, in the amount of $54,000 per year for three years for a total contract value of $162,000, to provide immunization education services targeting Latinos, for the period of July 1, 2003 through June 30, 2006.

(3.10) **AIDS Office-HIV Health Services** – Request for approval of a retroactive sole source contract renewal with Mission Neighborhood Health Center, in the amount of $70,440, to provide HIV treatment outreach and counseling, and testing and referral services targeting HIV positive Latino/as living in and around the Mission District, for the period of September 30, 2003 through September 29, 2004.

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(3.14) **BHS** – Request for site approval for relocation of Hyde Street Community Services, Inc., from 251 Hyde Street to 134 Golden Gate Avenue.

Public Comment

- Victor (no last name given), thanked the Commission for its support of this program.

(3.15) **BHS-Mental Health** – Request for approval of a renewal contract with Hyde Street Community Services, Inc., in the amount of $2,548,495, to provide comprehensive mental health outpatient services at the Tenderloin Clinic and wellness and recovery services at the Clubhouse targeting eligible adults in the Tenderloin area, for the period of July 1, 2004 through June 30, 2005.

Public Comment

- Susan Victor, President of the Board of Directors of Hyde Street Clinic, said the program is very healing and there is a lot of opportunity for client involvement.

- Linda Zaretsky, clinical coordinator for Hyde Street Clinic, said this contract represents community activism at its best. She acknowledged the leadership of Cindy Gyori.

(3.16) **BHS-Mental Health** – Request for approval of a contract renewal with Calvin Y. Louie, CPA, in the amount of $5,444,410, to provide fiscal intermediary services for the Community

Mental Health Services supplemental residential care facilities, for the period of July 1, 2004 through June 30, 2005.

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Action Taken: The Commission (Chow, Illig, Monfredini, Umekubo) approved the Budget Committee Consent Calendar.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Mayor's Budget

Calling it "A Time for Change," Mayor Newsom unveiled his 2004-05 budget today. The budget bridges a $352 million General Fund deficit while protecting vital services to the most vulnerable populations in our society – the aged, the young, and the poor – and bringing major reforms to city government.

In his budget message, Mayor Newsom outlined his vision for a era in city government and his belief that it is more important now than ever that the city carefully target investments in services that San Franciscans rely upon most. As it relates to health and social services, the Mayor's budget:

- Prioritizes and expands homeless services, including funds for nearly 1,000 new housing units for homeless individuals, targeted implementation of 24-hour shelter services, and the creation of new street outreach teams to better connect homeless individuals to required services and housing;

- Protects and expands services for children and youth, including investments to expand the city's successful health insurance program to youth timing out of existing programs, a $750,000 increase in youth employment programs, and legislation to enable a local earned income tax credit for working families; and

- Preserves vital investments for seniors with disabilities, including: the rejection of all proposed direct service reductions to naturalization, senior resource center, and housing

advocacy programs; a $100,000 investment to allow the transition to a new food bank provider; and funding to backfill parking tax losses to aging programs.

The Mayor reached his goal of balancing the budget with the following measures:

- $114 million in department operating and capital budget reductions;
- $53 million in employee contributions to retirement costs;
- $39 million in revenue leveraging, fee increases and other funding sources;
- $33 million in debt refinancing and capital asset sales;
- $25 million in proposed tax increases; and
- $23 million in current year reductions

Among the cost-saving measures contained in the Mayor's budget is a proposal to have providers competitively bid to provide jail health services. An analysis done by the Mayor's office reveals that San Francisco spends more on jail health services than most other local jurisdictions. If the Mayor's plan for jail health services is adopted by the Board of Supervisors as part of the final budget, DPH's jail health staff will work closely with its labor partners to draft and submit a competitive proposal.

Mental Health Clinics Restored

Mayor Newsom announced last week that he will fully fund Mission Mental Health Services, the Mission Multicultural Assertive Community Team (Mission ACT), Southeast-Mission Geriatric Services, and Sunset Mental Health Services at current year levels. As the Health Commission is aware, DPH's contingency budget originally proposed consolidating these programs into the primary care centers. However, consistent with the contingency budget resolution the Health Commission passed early last month, the Mayor's office further considered the specific impact of mental health services in the Mission and was able to find the revenues necessary to maintain these services, as well as those at Sunset Mental Health Services.

Mission Family Center Open House

Mission Family Center, located at 755 South Van Ness, will host an open house on June 9th from 11:00 a.m. to 2:00 p.m. to celebrate the completion of an outdoor mural designed by Mr. Rafael Landea. The theme of the mural, which depicts children of diverse backgrounds working in unison toward a common goal of putting a puzzle together, is cooperation and teamwork. . The mural is a reflection of the multicultural population of the Mission District that the Mission Family Center is committed to serving. This project was made possible due to the generosity of Rafael Landea, who donated the mural design and supervised its completion; the initiative of Juan Pauli, LCSW, Mission Family Center Program Director, who contacted Mr. Landea and promoted this project; and the support of Albert Eng, Ph.D., Assistant Director and Sai-Ling Chan-Sew, LCSW, Director of Community Behavioral Health Services' Child, Youth and Family System of Care.

Commissioners' Comments

- Commissioner Monfredini said that in these difficult economic times, the proposed budget is extraordinary, particularly the employees' willingness to pay for their retirement once again. Commissioner Monfredini said the opening of the Avon Comprehensive Breast Center was amazing.

- Commissioner Illig asked if other Departments were consolidated beyond the Department of Adult and Aging being combined with the Department of Human Services. Dr. Katz said that the Commissions are being maintained and the executive directors are being maintained. But the operations and administrative functions have been combined. The Department of

Agriculture is coming to DPH. There is a consolidation of car maintenance facilities. Commissioner Illig asked why San Francisco's jail health services are more expensive than other Bay Area counties. Dr. Katz said staffing costs are higher, primarily because of the pay equity policy to pay lower salaried workers, such as LVNs, more than the market rate. Further, San Francisco provides a higher level of service, including immunization programs, STD screening, TB screening and others.

- Commissioner Chow added that many of the staffing requirements at the jail were proscribed by court mandate. The City is no longer under this mandate. Dr. Katz added that all the staff that was required by that agreement has been codified in the MOU. The only way that the Department would be able to be competitive would be if the labor partners agreed to modify these provisions. Commissioner Chow commended Dr. Katz for participating in the Chinese Community Health Summit.

5) LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT UPDATE

Michael Lane, Project Manager, LHH Replacement Project, presented an update on the Laguna Honda Hospital Replacement Project.

Design and Construction

- A total of $81.3 million has been received in Tobacco Settlement funds. Approximately $50 million has been expended to date. They are continuing to work with the Mayor's Office of Public Finance to schedule a general obligation bond sale, anticipated to happen in the summer.
- The project met the SB 1128 deadline, and will be eligible to recoup some of the capital costs.
- Completed Access Improvement and Signalization, Hazardous Materials Abatement for Utilities and Hazardous Materials Abatement for Wing G2. In-progress contracts include Utilities Modification, Site Work Package I, Demolition of Valley Structures and Mass Excavation. This work will last through the summer. Staff is working with the contractor to resequence some work. The Temporary Facilities Project is complete.
- The laundry relocation issue is before the Board of Supervisors for a decision.
- Beginning a prototype of a working bathroom, to get critical feedback from staff prior to construction.
- The project has been registered with the U.S. Green Building Council.
- The Replacement Program proposes to work with San Francisco community-based organizations to implement a local hiring plan.

Artwork

The Laguna Honda Hospital Replacement Project will generate $3.9 million in art enrichment funds for a comprehensive art program that will contribute to the quality of life at the hospital by aesthetically enhancing the environment. The artwork programs are: Resident Floor (neighborhood) Identity; Link Building elevator lobbies; Link Building town center and connectors; Aqua Therapy Center tile design; Laguna Honda History; Courtyard sculptures; conservation of historic artworks by David Edstrom & Glen Wessel; miscellaneous artworks currently in the Hospital's collection.

Assisted Living

The design team, in collaboration with the Hospital staff, has identified an approach to sequencing the construction and the resident relocations that would allow renovation of the wings earlier than

originally scheduled. This plan to start the renovation earlier would need to be approved by OSHPD and the Mayor's Office of Housing.

Schedule

From the last quarter, the program has slipped slightly such that the end date for the last building, Clarendon West, has moved from late 2009 to the beginning of 2010, and completion of the Child Care Center in the Assisted Living Facility has moved from the end of 2011 to the beginning of 2012. They have experienced delays during construction on this phase related to underground soil conditions and regulatory issues. They are bringing in the next phase contractor on schedule in July. There is a 54-day delay in the overall schedule. The schedule will be updated after they receive bids in August.

Budget

Prior to beginning the bidding process for the new building, the team became aware of unprecedented spikes in material prices, particularly steel, and asked for update cost estimates. A preliminary update shows an overrun of approximately $30 million. Mr. Lane described the instability in the steel market. The project includes 6,000 tons of structural steel. Mr. Lane said there have also been increases due to additional design scope and insurance premium, for a net increase of $52 million. Existing contingencies of $22 million bring the net overrun to $30 million. They are currently proposing $5 million in additional value engineering.

Recommendations for How to Proceed

1. Compare the updated cost estimates to validate the reasons for the cost overruns. This will be completed in May.
2. Identify and proceed with value-engineering proposals. The team has been directed to focus on items that can be changed without resulting in a delay. A realistic target for savings from value engineering in this pre-bid stage of the project is a maximum of $5 million.
3. Proceed with the first set of bids to validate what the estimators are projecting.
4. The original contingency plan in the case of an overrun was to reduce the size of the last new building, West Clarendon, from a 7-floor building to a 5-floor building. This plan did not anticipate anything of this magnitude and further savings would be needed. So as they proceed with the bids for the first three bidders, they will direct the bidders to submit pricing showing one less floor on the East Building and the South Building. This information will allow them to make an informed decision.
5. Because of the particular uncertainty in the structural steel market, keep the structural steel package on hold and evaluate the market on a month-to-month basis.
6. Work with the general contractor to maximize competition on all bid packages.
7. Delay bidding the West Clarendon Building.
8. Proceed with a competitive selection process to procure project insurance.
9. Update the Turner estimates for the renovation and the future site work.

Commissioners' Comments

- Commissioner Umekebo asked if the decision were made to eliminate one floor in a building, is there a possibility of adding the floor back on at a later time. Mr. Lane said that for Clarendon, yes. If the bids indicate that the problem is a big as they think it is, they could not bridge the deficit with the savings from Clarendon. With regard to the other buildings, once the decision is made to reduce scope by a floor, it would be very difficult and expensive to reverse this decision. Dr. Katz added that there could be a decision to build a shell at either of the two buildings, which

would result in less savings. If a floor is shelled, cost savings are approximately $3 million. If a floor is eliminated, the cost savings is $8 million.

- Commissioner Chow asked if the three buildings are going to be built at the same time. Mr. Lane said that three of the four buildings would be built at the same time, so a decision must be made for all three buildings. Commissioner Chow asked if the bids allow for a cost savings if the price of steel stabilized or came down. Mr. Lane said it currently does not. Staff had analyzed the possibility of entering into a risk-sharing arrangement with contractors. This opens the City to exposure. Commissioner Chow said that the artwork must be simple because residents are different ages with different abilities. Specifically he has concerns about the clock artwork because seniors generally do not want to "mark time."

- Commissioner Monfredini asked if there is a shortage of steel, and is this a supply and demand issue. She also asked if steel for all three buildings could be purchased together and delivered at the same time. Mr. Lane replied that the steel is available but there is a great demand for it, and they are not in a position to negotiate. They will purchase the steel for all the buildings at the same time. The contractor who wins the bid will buy it all and store it. Commissioner Monfredini said that when floors are eliminated, then beds are eliminated. Is this going against what was promised to the voters who approved the bond initiative? Mr. Lane replied that the bond specified a replacement facility, not 1200 beds, but clearly throughout the process the plan has been for 1200 beds. He reiterated that without the bid information it is difficult to make a decision about bed reductions, but probably talking about a reduction of between 180 and 240 beds. Dr. Katz added that he has not given up hope. Steel might become more affordable again. Staff is doing its due diligence to be faithful to the bond and try to build 1200 beds.

- Commissioner Chow asked when an update could be given to the Health Commission. Dr. Katz said September.

- Commissioner Umekubo said the Laguna Honda Hospital Joint Conference Committee receives monthly status reports with good information, and thanked Mr. Lane for the excellent job he is doing.

- Commissioner Monfredini asked how confident staff is about the July bidding timeline. Mr. Lane is 100 percent confident.

6) PRIMARY CARE RESTRUCTURING UPDATE

Barbara Garcia, Deputy Director of Health, Community Health Services, presented an update on Primary Care Restructuring. Over the past year, staff looked at productivity and staffing data and did a study the overlap of patients in Behavioral Health and Primary Care. Accomplishments include the McMillan Center and implementation of OBOAT. This work helped in the discussion of restructuring primary care in the face of diminishing funds.

A new centralized administrative team will be created for Primary Care. Effective May 23, Michael Drennan, M.D., became the Chief of Service for Primary Care. He will be responsible for many of the duties that were previously assigned to David Ofman, M.D., including supervision of medical directors, overseeing credentialing and system-wide coordination. A Chief Operating Officer will be hired to work under the supervision of the Chief of Service. Many administrative functions that are currently dispersed at the various primary care sites will be centralized to this position.

As of September 1, 2004, there will no longer be health center directors at the primary care clinics. The Director of Nursing position will also be eliminated as of this date. Nurse Managers will be reduced by half. Medical Directors will become the lead person at each of the centers. Health center director functions will be centralized and/or re-distributed among staff.

Staffing levels will be re-distributed at eight primary care health centers to maximize efficiency, achieve savings and ensure equity in resources across the clinics. Staffing levels were set using a per-provider national industry benchmark. This proposal eliminates evening hours at Castro Mission Health Center and eliminates Tom Waddell's urgent care center.

The integration of Primary Care and Behavioral Health Services will continue. The contingency budget proposed a very ambitious integration plan, moving a substantial number of patients from mental health sites to primary care sites. If the Mayor and Board of Supervisors are able to eliminate the need for these cuts, integration will continue but at a slower rate.

Ms. Garcia said that effective June 2004, all SFGH Campus-based primary care programs will be under the jurisdiction of SFGH. As of July 1, 2004, public health nurses will be assigned to Health at Home and Maternal Child Health.

Commissioners' Comments

- Commissioner Umekubo asked what the structure for quality assurance is under the restructure. Ms Garcia replied that quality assurance would continue to be under SFGH Quality Assurance. There are also other quality issues they would like to work on throughout Behavioral Health. Commissioner Umekubo asked if there are opportunities to improve charge ratios and billings. Ms. Garcia said that Gregg Sass has formed a Revenue Enhancement Committee to ensure that all revenues are maximized. Dr. Katz added that the proposed budget includes an increased revenue projection for Primary Care.

- Commissioner Illig asked if staff is looking at community-based clinics in the City to establish benchmarks. Ms. Garcia said they are. Commissioner Illig asked if giving physicians and nurses administrative tasks would take away from client care, and would clinicians stay at clinics. Dr Katz replied that the Medical Directors are at the centers and will stay at the centers. The nurse managers will cover more than one center and will make sure that the protocols are the same throughout the system. There will be no roving among direct service providers.

- Commissioner Chow said that public health nurses have culturally competent language skills, and this needs competency needs to be maintained. Will public health nurses remain at the health centers? Ms. Garcia said that the transition would be sensitive to the language needs and centers would have public health nursing.

7) **PUBLIC COMMENT**

Martha Hawthorne – nurse at Castro Mission Health Center. Grave concerns about restructuring process from start to finish. We don't have the kind of staffing to replace lower seniority folks. Staff hasn't been consulted and taken seriously. Worried about patient care. It will affect service. The opinions of the public health nurses are not taken seriously. Loss of revenue and loss of service especially for women and children. If only 13 of us are doing the work of the original 39 that will be a big loss in revenue. We see women and children and the diabetic grandmother all in one home visit. We like the structure we have currently.

8) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.1

Action Taken: The Commission voted to go into closed session.

The Commission went into closed session at 5:15 p.m. Present in closed session were Commissioners Chow, Illig, Monfredini and Umekubo; Dr. Mitch Katz, Health Director; Gene O'Connell, SFGH Executive Administrator; Don Margolis, Deputy City Attorney and Anne Kronenberg, acting Health Commission Executive Secretary.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Action Taken: The Commission (Chow, Illig, Monfredini, Umekubo) approved a settlement in the amount of $25,000 in the Keith Smith v. City and County of San Francisco et al, Superior Court case #422-906, City Attorney File #040178.

D) Reconvene in Open Session

Action Taken: The Commission came into open session at 6:15 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

9) **ADJOURNMENT**

The meeting adjourned at 6:15 p.m.

Michele M. Olson
Executive Secretary to
the Health Commission

and

Anne Kronenberg
Acting Executive Secretary
to the Health Commission

Note:

These Minutes will be adopted at the next Health Commission meeting. Any amendments to these Minutes made by the Health Commission will be recorded in the Minutes for the next Health Commission meeting.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W.
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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Agenda

CANCELATION NOTICE

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HEALTH COMMISSION MEETING

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Please note that the Health Commission meeting that would have been scheduled for Tuesday, June 15, 2004 at 3:00 p.m. at 101 Grove Street, Room #300, has been cancelled.

The next regularly scheduled meeting will be Tuesday, July 6, 2004 at the same location.

An agenda will follow.

For information call the Commission Office at 554-2666.

Posted June 4, 2004

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

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AGENDA

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SPECIAL HEALTH COMMISSION MEETING

Tuesday, June 29, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) FOR ACTION: **DPH-Central Administration** – Request for approval of a new agreement with Dataway, in the amount of $450,072, to provide Information Technology support services for the Department of Public Health, for the period of July 1, 2004 through June 30, 2005.
** Contract summary*

3) FOR ACTION: **DPH–Central Administration** – Request for approval of a contract renewal with San Francisco Health Plan (SFHP), in the amount of $5,947,401, to provide universal health insurance services for San Francisco children, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report summary*

4) FOR ACTION: **CHN-SFGH** – Request for approval of a contract renewal with Pharmaceutical Care Network, in the amount of $230,000, to provide third-party administrator services and $2,130,000 in pass-through pharmacy dispensing fees to Rite Aid Corporation and AG Pharmacy providing services to CHN indigent clients, for the period of July 1, 2004 to June 30, 2005, for a total contract value of $2,360,000.
** Contract summary, Monitoring report summary*

5) **FOR ACTION:** **BHS-Mental Health** – Request for approval of a contract renewal with Conard House, Inc., in the amount of $5,227,345, to provide residential, outpatient, supportive housing and vocational training mental health services for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report summary, Client demographic information form*

6) **FOR ACTION:** **BHS-Mental Health** – Request for approval of a renewal contract with Baker Places, Inc., in the amount of $6,459,963, to provide mental health residential, outpatient, rehabilitation and intensive day treatment services for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report summary, Client demographic information form*

7) **FOR ACTION:** **BHS-Mental Health** – Request for approval of a renewal contract with Sunny Hills Children's Garden, Family and Children's Services, in the amount of $192,416, to provide mental health services for youth ages 12 through 18, for the period of July 1, 2004 through June 30, 2005.
** Contract summary*

8) **FOR ACTION:** **BHS-Mental Health** – Request for approval of renewal contracts with the following seven out-of-county hospitals: Adventist Health California Specialty Hospital, Alta Bates Hospital, Herrick Campus, Fremont Hospital, John Muir/Mt. Diablo Health System, Mills-Peninsula Hospital, Stanislaus Behavioral Health Center and Sutter Center for Psychiatry, in the amount of $302,400 per year for four years for a total of $1,209,600, to provide inpatient mental health services for San Francisco child and adolescent clients for the period of July 1, 2004 through June 30, 2008.

	FY 2004-05	4-Year Value
Adventist Health-California Specialty Hospital	$ 78,400	$313,600
Alta Bates Hospital, Herrick Campus	$ 44,800	$179,200
Fremont Hospital	$ 28,000	$112,000
John Muir/Mt. Diablo Health System	$ 72,800	$291,200
Mills-Peninsula Hospital	$ 61,600	$246,400
Stanislaus Behavioral Health Center	$ 11,200	$ 44,800
Sutter Center for Psychiatry	$ 5,600	$ 22,400
Totals:	$302, 400	$1,209,600

** Contract summary*

9) **PUBLIC COMMENT****

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

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American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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President

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HEALTH COMMISSION

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MINUTES

SPECIAL HEALTH COMMISSION MEETING

Tuesday, June 29, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:04 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W.
Commissioner James M. Illig
Commissioner David J. Sanchez, Ph.D.

Absent: Commissioner Lee Ann Monfredini, Vice President
Commissioner Michael Penn, M.D., Ph.D.
Commissioner John I. Umekubo, M.D.

2) DPH-Central Administration – Request for approval of a new agreement with Dataway, in the amount of $450,072, to provide Information Technology support services for the Department of Public Health, for the period of July 1, 2004 through June 30, 2005.

3) DPH–Central Administration – Request for approval of a contract renewal with San Francisco Health Plan (SFHP), in the amount of $5,947,401, to provide universal health insurance services for San Francisco children, for the period of July 1, 2004 through June 30, 2005.

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services to CHN indigent clients, for the period of July 1, 2004 to June 30, 2005, for a total contract value of $2,360,000.

5) **BHS-Mental Health** – Request for approval of a contract renewal with Conard House, Inc., in the amount of $5,227,345, to provide residential, outpatient, supportive housing and vocational training mental health services for the period of July 1, 2004 through June 30, 2005.

Commissioners' Comments

- Commissioner Chow requested that contract summaries include more information on the outcome objectives. It is laudable that Conard House achieved 100 percent of its outcome objectives, and it would be helpful to know what the objectives are. Commissioner Chow asked that the Joint Conference Committee follow up on this issue.

- Commissioner Illig would like to have standard outcome objectives for programs of similar modalities.

6) **BHS-Mental Health** – Request for approval of a renewal contract with Baker Places, Inc., in the amount of $6,459,963, to provide mental health residential, outpatient, rehabilitation and intensive day treatment services for the period of July 1, 2004 through June 30, 2005.

Commissioners' Comments

- Commissioner Illig asked Judith Stevenson of Baker Places what kinds of outcomes she feels are worth monitoring. Ms. Stevenson said that are a number of elements are measured, by State and Federal agencies, DPH and the agency. This aggregate of data is available, and perhaps this should be made available to the Health Commission.

7) **BHS-Mental Health** – Request for approval of a renewal contract with Sunny Hills Children's Garden, Family and Children's Services, in the amount of $192,416, to provide mental health services for youth ages 12 through 18, for the period of July 1, 2004 through June 30, 2005.

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Sutter Center for Psychiatry	$ 5,600	$ 22,400
Totals:	$302, 400	$1,209,600

Commissioners' Comments

- Commissioner Illig asked if DPH checks with the McCauley Psychiatric Center at St. Mary's Hospital to see if they can accept placements before placing the person out of county. Ms. Chan-Sew said they always check with them first, and the first priority is to hospitalize in San Francisco.

Action Taken: The Commission (Chow, Guy, Illig, Sanchez) approved Items 2 through 8 of the Health Commission agenda.

9) PUBLIC COMMENT

None.

10) ADJOURNMENT

The meeting adjourned at 3:50 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
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AGENDA

HEALTH COMMISSION MEETING

Tuesday, July 6, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE JUNE 1 HEALTH COMMISSION MEETING AND SPECIAL MEETING OF JUNE 29, 2004**
**Minutes of the minutes of June 1 and of the special meeting of June 29, 2004*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) **CHN-Revenue Management** – Request for approval of a contract renewal with Accordis, Inc. and a new contract with Triage Consulting Group to provide retroactive submissions of Aged

Accounts to Medi-Cal, Medicare, Commercial, Third Party and Workers' Compensation Insurance payers, when recipient eligibility was not previously identified by the Community Health Network, for the period of July 1, 2004 through June 30, 2008.
** Contract summary, Vendor information pages, Monitoring report summary*

(3.2) **CHN-SFGH** – Request for approval of a retroactive contract renewal with Dobri D. Kiprov, M.D., a professional corporation d/b/a Bay Area Mobile Apheresis Program, in the amount of $300,000, to provide intermittent, as-needed, on-call mobile therapeutic apheresis dialysis services, for the period of July 1, 2004 through June 30, 2006.
** Contract summary, Monitoring report summary*

(3.3) **CHN-SFGH Nursing** – Request for approval of retroactive contract renewals with the following firms: HRN Services, Inc., Medical Staffing Network, Inc., Medstaff, Inc., Nurse Providers, Inc. and United Nursing International, in the amount of $2,700,000, to provide supplemental temporary per diem and traveling nursing personnel services for San Francisco General Hospital, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Vendor information pages, Monitoring report summaries/Responses*

(3.4) **CHN-SFGH Radiology** – Request for approval of two retroactive contract renewals with Medical Contracting Services and The Registry Network, Inc., for a combined total amount of $75,000, to provide intermittent, as-needed, professional services of per diem and traveling radiology technologists with on-call availability 7 days a week, for San Francisco General Hospital, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Vendor information pages, Monitoring report summaries*

(3.5) **CHN-Primary Care** – Request for approval of a contract modification with North of Market Senior Services d/b/a Curry Senior Center, in the amount of $160,000, for the period of July 1, 2004 through June 30, 2006, to provide comprehensive primary care services for seniors in the new senior supportive housing units and a new total contract amount of $1,043,560, for the 4-year contract period of July 1, 2002 through June 30, 2006.
** Contract summary, Client demographic information form*

(3.6) **CHN-Primary Care-Tom Waddell Health Center** – Request for approval to accept and expend a grant from the Social Security Administration, in the amount of $195,320, to extend SSI application assistance to chronically homeless and mentally ill persons in San Francisco, for the period of May 1, 2004 through April 30, 2005 and a contract with the San Francisco Bar Association's Homeless Advocacy Project, in the amount of $156,186, for the same time period.
** Grant summary, Budget justification, Grant information form*

(3.7) **Central Administration–Policy and Planning** – Request for approval to accept and expend FY 2004-2005 recurring grant funds from the State of California to the Department of Public Health
** Grant summary, Resolution, List of Recurring State Grants*

(3.8) **AIDS Office-HIV Prevention** – Request for approval of the FY2004-2005 San Francisco General Fund-HIV Prevention Services contracts for a combined total of $3,711,834, for the period of July 1, 2004 through June 30, 2005 with the following agencies:

	Amount with 12% Contingency
Aguilas, Inc.	$ 374,548
Asian Pacific Islander Wellness Center	$ 9,408
Bay Area Young Positives	$ 89,600
Haight Ashbury Free Clinic, Inc.	$ 186,328
Larkin Street Youth Services	$ 213,884
Lavender Youth Recreation & Information Center	$ 157,920
San Francisco AIDS Foundation	$1,023,557
Stop AIDS Project	$1,120,976
Tenderloin AIDS Resource Center	$ 545,613
Total	**$3,711,834**

** Contract summary, Agency and Service description, Boards of Directors*

(3.9) **AIDS Office-HIV Prevention** – Request for approval of the FY2004-2005 State of California Education and Prevention Grant, Counseling Testing and Referral Grant and the Corrections Initiative Grant for HIV Prevention Services contracts for a combined total of $2,109,611, for the period of July 1, 2004 through June 30, 2005 with the following agencies:

	Amount with 12% Contingency
Black Coalition on AIDS	$ 161,805
Centerforce, Inc.	$ 224,459
Continuum HIV Day Services	$ 185,848
Haight Ashbury Free Clinic, Inc.	$ 492,087
Harm Reduction Coalition	$ 176,217
Iris Center	$ 237,593
Regents of the University of California, UCSF – AIDS Health Project	$ 575,602
Regents of the University of California, UCSF – Stonewall Project (Six Months)	$ 56,000
Total	**$2,109,611**

** Contract summary, Agency and Service description, Boards of Directors*

(3.10) **AIDS Office-Prevention Services** – Request for approval of a contract renewal with UCSF/ Urban Health Study, in the amount of $272,759, to provide HIV prevention services targeting defined behavioral risk populations, for the period of July 1, 2004 through December 31, 2004.
** Contract summary, Monitoring report summary/Response, Client demographic information form*

(3.11) **AIDS Office-Prevention Services** – Request for approval of a retroactive contract renewal with the Regents of the University of California/UCSF/Positive Health Practice, in the amount of $158,556, to provide Peer Advocacy, Case Management, Social Work Case Management, Nutrition Counseling and Treatment Advocacy services through the Men of Color Program, for the period of September 30, 2003 through September 29, 2004.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.12) **AIDS Office-HIV Health Services** – Request for approval for contract modifications to extend the term for an additional year for five FY 2004-2005 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title I contracts, for a total of $2,831,322, for the period of March 1, 2005 through February 28, 2006. The two year combined total for the period of March 1, 2004 through February 28, 2006 for these contracts will be $5,645,885, with the following agencies:

Contractor	FY 04/05 Amount	Modification Amount FY 05/06	Two Year Amount
Maitri AIDS Hospice	$ 184,352	$ 201,111	$ 385,463
Maitri AIDS Hospice	$ 906,330	$ 906,330	$1,812,660
Project Open Hand	$1,231,281	$1,231,281	$2,462,562
Shanti Project	$ 341,600	$ 341,600	$ 683,200
UCSF-AIDS Health Project	$ 151,000	$ 151,000	$ 302,000
Total	**$2,814,563**	**$2,831,322**	**$5,645,885**

** Contract summary, Agency/Service description, Board of Directors*

(3.13) **AIDS Office** – Request for approval to accept retroactively and expend Year-Two grant funds from the Substance Abuse and Mental Health Services Administration, in the amount of $487,805, of which $475,522 is a sole source contract with UCSF AIDS Health Project, for the period of June 1, 2004 to May 30, 2005.
** Grant summary, Grant information form, Budget form, Sole source waiver form*

(3.14) **PHP-Housing and Urban Health** – Request for approval of contract renewals for fourteen FY 2004-2005 Housing and Urban Health contracts for a combined total of $12,595,689 as follows:

Contractor	Contract Term	Contract Amount (Including Contingency)
Ark of Refuge, Inc.	7/1/04-6/30/06	$ 896,000
Baker Places, Inc.	7/1/04-6/30/07	$ 1,993,895
Baker Places, Inc.	3/1/04-6/30/05	$ 544,570
Baker Places, Inc.	7/1/04-6/30/05	$ 1,381,299
Episcopal Community Services	7/1/04-6/30/06	$ 2,720,575
Homeless Children's Network	7/1/04-6/30/06	$ 63,108
John Stewart Company	7/1/04-6/30/06	$ 1,848,143
Lutheran Social Services	7/1/04-9/29/05	$ 168,137
Lutheran Social Services	7/1/04-6/30/07	$ 453,284
Mercy Housing Corporation	7/1/04-6/30/05	$ 236,299
Page Street Guest House	7/1/04-6/30/05	$ 957,842
San Francisco AIDS Foundation	7/1/04-6/30/06	$ 521,035
Self-Help for the Elderly	7/1/04-6/30/06	$ 262,703
Tenderloin Neighborhood Development Corporation	3/1/04-6/30/05	$ 548,800
Total		**$12,595,689**

** Contract summary, Contract list, Boards of Directors*

(3.15) **BHS-Mental Health** – Request for approval to renew the cooperative program agreement with the Department of Rehabilitation, San Francisco District, in the amount of $972,670, to provide vocational and employment assistance services for mentally ill clients, for the period of July 1, 2004 to June 30, 2007, and a contract with Community Vocational Enterprises, in the amount of $467,832, and a contract with Richmond Area Multi-Services, in the amount of $504,838, for the period of July 1, 2004 through June 30, 2005.
** Grant summary, Grant information form, Contract information/Comparison, Budget summary*

(3.16) **BHS-Mental Health** – Request for approval to accept and expend a federal McKinney PATH grant in the amount of $423,964, to expand homeless services for the period of July 1, 2004 to June 30, 2005, and a contract with Swords to Plowshares in the amount of $92,325; with Curry Senior Center in the amount of $20,000; and with San Francisco Study Center, in the amount of $52,315, for the same time period.
** Grant summary, Grant information form, Budget form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JUNE**
**List of Awardees*

6) **FOR DISCUSSION:** **MATERNAL AND CHILD HEALTH REPORT**
(Mildred Crear, MCH Director)
**Report*

7) **FOR DISCUSSION AND ACTION:** **PRESENTATION OF THE YOUTH DEVELOPMENT POLICY AND CONSIDERATION OF POLICY ADOPTION**
(Iman Nazeeri-Simmons, MPH, Adolescent Health Coordinator and Christina Carpenter, MPH, Community Health Education Section)
**Policy*

8) **PUBLIC COMMENT****

9) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Approval of a settlement in the amount of $240,000 in the Jean B. Applebaum et al vs. City and County of San Francisco, Superior Court File Case #410-962

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

10) ADJOURNMENT

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Accessible Meeting Policy

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City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, July 6, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by Commissioner Monfredini at 3:05 p.m.

Present: Commissioner Lee Ann Monfredini, Vice President
Commissioner Roma P. Guy, M.S.W.
Commissioner James M. Illig
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D. – arrived at 4:15 p.m.

Absent: Commissioner Edward A. Chow, M.D., President
Commissioner Michael Penn, M.D., Ph.D.

2) APPROVAL OF THE MINUTES OF THE JUNE 1 HEALTH COMMISSION MEETING AND SPECIAL MEETING OF JUNE 29, 2004

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez,) approved the minutes of the June 1, 2004 Health Commission meeting and the June 29, 2004 Special Health Commission meeting as amended.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sánchez chaired, and Commissioner Guy and Commissioner Illig attended, the Budget Committee meeting.

(3.1) **CHN-Revenue Management** – Request for approval of a contract renewal with Accordis, Inc. and a new contract with Triage Consulting Group to provide retroactive submissions of Aged Accounts to Medi-Cal, Medicare, Commercial, Third Party and Workers' Compensation Insurance payers, when recipient eligibility was not previously identified by the Community Health Network, for the period of July 1, 2004 through June 30, 2008.

(3.2) **CHN-SFGH** – Request for approval of a retroactive contract renewal with Dobri D. Kiprov, M.D., a professional corporation d/b/a Bay Area Mobile Apheresis Program, in the amount of $300,000, to provide intermittent, as-needed, on-call mobile therapeutic apheresis dialysis services, for the period of July 1, 2004 through June 30, 2006.

Commissioners' Comments

- Commissioner Guy asked if, given the City's commitment to maintain dialysis service at SFGH, it makes sense to incorporate Apheresis services into the dialysis unit. The representative from Bay Area Mobile Apherisis replied that the number of cases each year might not warrant the investment of infrastructure.

(3.3) **CHN-SFGH Nursing** – Request for approval of retroactive contract renewals with the following firms: HRN Services, Inc., Medical Staffing Network, Inc., Medstaff, Inc., Nurse Providers, Inc. and United Nursing International, in the amount of $2,700,000, to provide supplemental temporary per diem and traveling nursing personnel services for San Francisco General Hospital, for the period of July 1, 2004 through June 30, 2005.

Commissioners' Comments

- Commissioner Sanchez asked if SFGH is going to be able to reduce the use of registry by hiring RNs on staff. Ms. Digdigan said that the hospital is doing everything possible to hire permanent RNs, including recruiting new graduates—there are a number currently in training—sponsoring nurses from other states and countries and other efforts. It is a challenge, as SFGH competes with all other hospitals. SFGH treats its nurses well.

(3.4) **CHN-SFGH Radiology** – Request for approval of two retroactive contract renewals with Medical Contracting Services and The Registry Network, Inc., for a combined total amount of $75,000, to provide intermittent, as-needed, professional services of per diem and traveling radiology technologists with on-call availability 7 days a week, for San Francisco General Hospital, for the period of July 1, 2004 through June 30, 2005.

(3.5) **CHN-Primary Care** – Request for approval of a contract modification with North of Market Senior Services d/b/a Curry Senior Center, in the amount of $160,000, for the period of July 1, 2004 through June 30, 2006, to provide comprehensive primary care services for seniors in the new senior supportive housing units and a new total contract amount of $1,043,560, for the 4-year contract period of July 1, 2002 through June 30, 2006.

(3.6) **CHN-Primary Care-Tom Waddell Health Center** – Request for approval to accept and expend a grant from the Social Security Administration, in the amount of $195,320, to extend SSI application assistance to chronically homeless and mentally ill persons in San Francisco, for the period of May 1, 2004 through April 30, 2005 and a contract with the San Francisco Bar Association's Homeless Advocacy Project, in the amount of $156,186, for the same time period.

(3.7) **Central Administration–Policy and Planning** – Request for approval to accept and expend FY 2004-2005 recurring grant funds from the State of California to the Department of Public Health

(3.8) **AIDS Office-HIV Prevention** – Request for approval of the FY2004-2005 San Francisco General Fund-HIV Prevention Services contracts for a combined total of $3,711,834, for the period of July 1, 2004 through June 30, 2005 with the following agencies:

	Amount with 12% Contingency
Aguilas, Inc.	$ 374,548
Asian Pacific Islander Wellness Center	$ 9,408
Bay Area Young Positives	$ 89,600
Haight Ashbury Free Clinic, Inc.	$ 186,328
Larkin Street Youth Services	$ 213,884
Lavender Youth Recreation & Information Center	$ 157,920
San Francisco AIDS Foundation	$1,023,557
Stop AIDS Project	$1,120,976
Tenderloin AIDS Resource Center	$ 545,613
Total	**$3,711,834**

Secretary's Note – Lavender Youth Recreation Information Center, in the amount of $157,920, was removed from the list of contracts. This contract will be forwarded at a future meeting. So the combined contract total is $3,553,914.

(3.9) **AIDS Office-HIV Prevention** – Request for approval of the FY2004-2005 State of California Education and Prevention Grant, Counseling Testing and Referral Grant and the Corrections Initiative Grant for HIV Prevention Services contracts for a combined total of $2,109,611, for the period of July 1, 2004 through June 30, 2005 with the following agencies:

	Amount with 12% Contingency
Black Coalition on AIDS	$ 161,805
Centerforce, Inc.	$ 224,459
Continuum HIV Day Services	$ 185,848
Haight Ashbury Free Clinic, Inc.	$ 492,087
Harm Reduction Coalition	$ 176,217
Iris Center	$ 237,593
Regents of the University of California, UCSF – AIDS Health Project	$ 575,602
Regents of the University of California, UCSF – Stonewall Project (Six Months)	$ 56,000
Total	**$2,109,611**

Commissioner Sanchez abstained from voting on this item as it pertains to the UCSF contracts.

(3.10) **AIDS Office-Prevention Services** – Request for approval of a contract renewal with UCSF/ Urban Health Study, in the amount of $272,759, to provide HIV prevention services targeting defined behavioral risk populations, for the period of July 1, 2004 through December 31, 2004.

Commissioner Sanchez abstained from voting on this item.

(3.11) **AIDS Office-Prevention Services** – Request for approval of a retroactive contract renewal with the Regents of the University of California/UCSF/Positive Health Practice, in the amount of $158,556, to provide Peer Advocacy, Case Management, Social Work Case Management, Nutrition Counseling and Treatment Advocacy services through the Men of Color Program, for the period of September 30, 2003 through September 29, 2004.

Commissioner Sanchez abstained from voting on this item.

(3.12) **AIDS Office-HIV Health Services** – Request for approval for contract modifications to extend the term for an additional year for five FY 2004-2005 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title I contracts, for a total of $2,831,322, for the period of March 1, 2005 through February 28, 2006. The two year combined total for the period of March 1, 2004 through February 28, 2006 for these contracts will be $5,645,885, with the following agencies:

Contractor	FY 04/05 Amount	Modification Amount FY 05/06	Two Year Amount
Maitri AIDS Hospice	$ 184,352	$ 201,111	$ 385,463
Maitri AIDS Hospice	$ 906,330	$ 906,330	$1,812,660
Project Open Hand	$1,231,281	$1,231,281	$2,462,562
Shanti Project	$ 341,600	$ 341,600	$ 683,200
UCSF-AIDS Health Project	$ 151,000	$ 151,000	$ 302,000
Total	**$2,814,563**	**$2,831,322**	**$5,645,885**

Commissioner Sanchez abstained from voting on this item as it pertains to the UCSF-AIDS Health Project. Commissioner Illig abstained from voting on this item as it pertains to Project Open Hand.

(3.13) **AIDS Office** – Request for approval to accept retroactively and expend Year-Two grant funds from the Substance Abuse and Mental Health Services Administration, in the amount of $487,805, of which $475,522 is a sole source contract with UCSF AIDS Health Project, for the period of June 1, 2004 to May 30, 2005.

Commissioner Sanchez abstained from voting on this item.

(3.14) **PHP-Housing and Urban Health** – Request for approval of contract renewals for fourteen FY 2004-2005 Housing and Urban Health contracts for a combined total of $12,595,689 as follows:

Contractor	Contract Term	Contract Amount (Including Contingency)
Ark of Refuge, Inc.	7/1/04-6/30/06	$ 896,000
Baker Places, Inc.	7/1/04-6/30/07	$ 1,993,895
Baker Places, Inc.	3/1/04-6/30/05	$ 544,570
Baker Places, Inc.	7/1/04-6/30/05	$ 1,381,299
Episcopal Community Services	7/1/04-6/30/06	$ 2,720,575
Homeless Children's Network	7/1/04-6/30/06	$ 63,108
John Stewart Company	7/1/04-6/30/06	$ 1,848,143
Lutheran Social Services	7/1/04-9/29/05	$ 168,137
Lutheran Social Services	7/1/04-6/30/07	$ 453,284
Mercy Housing Corporation	7/1/04-6/30/05	$ 236,299
Page Street Guest House	7/1/04-6/30/05	$ 957,842
San Francisco AIDS Foundation	7/1/04-6/30/06	$ 521,035
Self-Help for the Elderly	7/1/04-6/30/06	$ 262,703
Tenderloin Neighborhood Development Corporation	3/1/04-6/30/05	$ 548,800
Total		**$12,595,689**

(3.15) **BHS-Mental Health** – Request for approval to renew the cooperative program agreement with the Department of Rehabilitation, San Francisco District, in the amount of $972,670, to provide vocational and employment assistance services for mentally ill clients for the period of July 1, 2004 to June 30, 2007; a contract with Community Vocational Enterprises, in the amount of $467,832 and a contract with Richmond Area Multi-Services, in the amount of $504,838, for the period of July 1, 2004 through June 30, 2005.

(3.16) **BHS-Mental Health** – Request for approval to accept and expend a federal McKinney PATH grant in the amount of $423,964, to expand homeless services for the period of July 1, 2004 to June 30, 2005, and a contract with Swords to Plowshares in the amount of $92,325; with Curry Senior Center in the amount of $20,000; and with San Francisco Study Center, in the amount of $52,315, for the same time period.

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez,) approved Items 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.14, 3.15 and 3.16 of the Budget Committee Consent Calendar.

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) approved Items 3.9, 3.10, 3.11, 3.12 and 3.13 of the Budget Committee Consent Calendar. Commissioner Illig abstained from Item 3.12 as it pertains to Project Open Hand. Commissioner Sanchez abstained from Items 3.9 (as it pertains to UCSF), 3.10, 3.11, 3.12 (as it pertains to UCSF) and 3.13.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Action by the Budget Committee

The Budget Committee completed its deliberations late last Friday night. After accepting $583,000 in reductions recommended by the Budget Analyst, the Committee restored $8.3 million in General Fund to Public Health, comprising $11 million in expenditures offset by $2.7 million in revenues. Restorations included all those programs that the Health Commission designated as highest priority to restore if money were available. Specifically, the Committee restored $1.7 million in Primary Care services, $1.7 million to backfill Ryan White CARE Act cuts, and $925,000 for AIDS emotional and practical support programs. Other restorations included the SFGH Dialysis Clinic, Team 2 and Southeast Mission Geriatric at the current locations, interpreter services at SFGH, social work managers, Mt. St. Joseph's Epiphany Center, and elimination of the pharmacy co-pay. The Committee also partially restored the DEAP program and cuts to Primary Care administration.

The Budget Committee accepted a proposal crafted by Jail Health Services and their labor partners to reduce Jail Heath expenditures by $3.0 million as a replacement for the Mayor's proposal to outsource the services for an estimated savings of $4.5 million. As part of the agreement, a Blue Ribbon Committee will be established to study the provision of Jail Health Services and make recommendations for future years' budgets.

The Budget Committee recommendations will be forwarded to the full Board for action. As proposed, the Department shall sustain a $20.2 million reduction to its General Fund, but will avoid potentially serious service cuts.

Ten Year Homeless Plan

On June 30th, the City unveiled a new plan entitled "The San Francisco Plan To Abolish Chronic Homelessness." San Francisco became the 121st city in the country to develop such a "ten year plan," a movement that is being promoted by the National Alliance to End Homelessness and the Federal Government through the U.S. Interagency Council on Homelessness. Most notably, San Francisco's plan calls for the development of 3,000 supportive housing beds based on the "Housing First" principle. The Housing First model includes placing chronically homeless people directly off the street into housing and then actively engaging residents to promote stability and improved health and well-being. The planning process was chaired by former Supervisor Angela Alioto and included 33 community members representing a broad cross section of San Francisco.

SFGHMC Opening Its New Mental Health Rehabilitation Center (MHRC)

Last week, San Francisco General Hospital was awarded licensure for its Mental Health Rehabilitation Center (MHRC) by the California Department of Mental Health. Mental health rehabilitation centers provide intensive support and rehabilitation to clients as an alternative to state hospital or other 24-hour care facilities. MHRCs focus on psychosocial rehabilitation of clients with severe and persistent mental illness and allow for seclusion and restraint, if needed, to address behaviorally complex patients. The creation of the MHRC is one of the recommendations by the Mayor's Mental Health Rehabilitation Facility (MHRF) Blue Ribbon Committee and will serve as a means to address the diverse medical, rehabilitative and housing needs of the current MHRF residents and mental health patients in the City. The 47-bed MHRC, located on the 3rd floor of the MHRF Building, opened today.

San Francisco General Hospital Recognized for its Model Policies and Procedures for Language Access

San Francisco General Hospital has been selected by the California Association of Public Hospital's Safety Net Institute to serve as a Reviewer Hospital for the Institute's Model Hospital Policies and Procedures for Language Access initiative. SFGH was chosen based on its efforts to better serve

Limited English Proficient patients. The Reviewer Hospital selection comes with a $10,000 stipend from the California Endowment to support language services.

"Good Doctors"
Dr. Kevin Grumbach, Chief of Family and Community Medicine at SFGH, was one of three physicians who were highlighted in the Sunday, July 4th issue of San Francisco Chronicle Magazine, as "Good Doctors" who embody the Hippocratic oath. As described in the article, Dr. Grumbach, in addition to seeing patients at SFGH, is a leading proponent of a national single payer system for the United States. DPH is proud of Dr. Grumbach and share in this celebration of his work.

National Association of Public Hospitals and Health Systems
Gene O'Connell has been named to serve on the 16-member Executive Committee of the National Association of Public Hospitals and Health Systems (NAPH). She has been elected to a two-year term effective July 1, 2004 through June 30, 2006. Congratulation to Ms. O'Connell on her new role with this important national public health advocacy and research organization.

Robert Okin, MD; Alicia Boccellari, PhD; Vanessa Kelly, Psy.D.; and Greg Merrill, LCSW are winners of the 2004 NAPH Safety Net Awards in the Community and Patient Service category for the Trauma Recovery Center project. The Trauma Recovery Center is a 4-year demonstration project to help remove barriers to care and to increase access to mental health and clinical case management services to victims of interpersonal violence (i.e., domestic violence, sexual assaults, gun shot injuries, stabbing, etc.). The Community and Patient Service Category of the NAPH Safety Net Awards program recognizes employees and faculty in member hospitals and health systems who have designed and implemented creative and successful programs that improve care for cultural and linguistic minorities, address disparities in health care or health outcomes; or improve patient satisfaction.

Commissioners' Comments

- Commissioner Illig asked how the $1.7 million that the Board of Supervisors allocated to backfill the reduction in Ryan White funds was prioritized, as the reduction was $4 million. Dr. Katz replied that the overall reduction included cuts to Marin and San Mateo Counties, as well as DPH Administration. These were not restored. Some services and/or organizations were not backfilled for a variety of reasons, including the inability to sustain themselves through the budget process, not meeting units of service, the cost of units of service was much higher than average, or there was a parallel program funded through General Fund. Additionally, higher targets were set for Medi-Cal billing. Commissioner Illig asked for clarification that the list was generated by DPH, rather than the HIV Planning Council.

- Commissioner Guy asked that each Joint Conference Committee evaluate the impact of the budget cuts. A new Strategic Plan is being developed, and it needs to be determined if there is a qualitative change in the Department's capacity, due to decreasing General Fund, that necessitates changes in the Strategic Plan. She asked if we know what impact the budget is going to have on Laguna Honda Hospital. Dr. Katz replied that the full extent of the impacts could not be determined until the Fall, because the layoffs are not effective until September 1. He reminded the Commission that the base budget fixed a number of structural problems.

  Commissioner Guy asked who in the Department would be the point person on responding to the Grand Jury report on the EMS merger. Commissioner Guy's hope is that the Commission could

develop preliminary recommendations. The Commission has asked for this level of input and dialogue with the Fire Commission.

- Commissioner Sanchez said that had it not been for the participation of thousands of San Franciscans in the budget process, the funds would not have been restored. Even with the restorations, the Department continues to operate at reduced capacity due to past budget cuts, so the dialogue needs to continue.

- Commissioner Monfredini attended two Board of Supervisors' committee meetings, one on Charity Care and one on patient flow between SFGH and LHH, and asked Dr. Katz's for his assessment. Dr. Katz said the Charity Care Report was well received by the Board, and there was a stated commitment by hospitals to increase charity care. The patient flow hearing was difficult. There is not an easy answer in terms of balancing needs of long-term care patients with different needs. Dr. Katz will be attending a meeting with the Medical Staff on Thursday, and remains hopeful. Commissioner Monfredini thanked Commissioner Illig and Commissioner Umekubo for representing the Health Commission at the Patient Flow hearing, and Commissioner Guy for attending the Board's Budget Committee meeting. She thanked Dr. Katz for his hard work, forthrightness and advocacy during these difficult times.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JUNE

Commissioner Illig presented the Employee Recognition Awards for June.

Individual Awardee	Division	Nominated by
Jeanette Guerrero, Health Worker	Community Behavioral Health Services	Karen Acosta, Nurse Manager, and the MOST Team of South of Market

Team Awardees	Division	Nominated by
Gun Violence Prevention, Response and Recovery Team	Community Programs	Sai-Ling Chan-Sew, Assistant Director

Janice Avery	Cynthia Billups
Dionne Carter	Wanetta Davis
Yul Dorn	Esperanza Echavarri
La Donnis Elston	Rochelle Frank
Cati Okorie	Karen Pierce
Lynice Pinkard	Roban San Miguel
Cynthia Selmar	Kevin Smith
Calvin Thomas	Hansel Tomaneng
Lina Weissman	Lynn Westry

6) MATERNAL AND CHILD HEALTH REPORT

Mildred Crear, MCH Director, Maternal Child Health and Philip Ziring, M.D., Medical Consultant to MCH, presented an update on the Maternal Child Health Program. The presentation included an overview of MCH's goals and objectives as they relate to the DPH Strategic Plan. The presentation

focused on collaboration and integration, both within DPH and externally. MCH collaborates with myriad DPH services, including the AIDS Office, WIC, Immunization, STD Prevention and Control and Family Planning, just to name a few. Integration is carried out by:

- Pre-planning with managers within MCH and managers at the agency/organization etc.
- Development of mutual goals and objectives
- Ongoing communication between MCH management and agency/ organization/worksite managers
- Support MCH out-stationed staff to ensure integration into the new worksite
- Conduct ongoing joint evaluation
- Build in mutual problem solving

Collaboration is carried out through staff consultation and technical assistance, systems connections, facilitating access, monitoring quality of service, training, referrals, outreach and service delivery.

Dr. Ziring gave an overview of the health programs in the San Francisco Unified School District. These programs reach 60,000 students in 160 schools where 50 languages are spoken. There are 28 nurses in the School Health Program, and almost all are grant funded. MCH provided school health consultation services, including dental and hearing screening, physical and occupational therapy and nutrition education.

Emerging Opportunities for Collaboration

- Closer linkage of Wellness Centers with DPH programs (i.e. Balboa Clinic, STD Prevention, child care and foster care);
- Closer linkage with physicians in the community;
- Pediatrics Advisory Committee to MCH;
- Transition services from early intervention through high school graduation for children with disabilities;
- Pediatrics Residency Training in Public Health;
- Links between television, violence and obesity.

Planned Opportunities for Collaboration

- Parochial Schools
- Independent Schools

Ms. Crear discussed the ways through which MCH focuses on quality family-centered care. MCH incorporates family centered care into program operations. Family-centered care activities have included hiring parent advocate to serve as family/staff liaison and supporting the Family Centered Care Committee, which is composed of parents, staff and community representatives.

Commissioners' Comments

- Commissioner Illig asked if MCH connects children to Healthy Families. Ms. Crear replied that the School District is a Healthy Families partner and is primarily responsible for connecting children to the program. DPH, through the Bringing Up Healthy Kids Coalition, provides training and other services to the School District for this connection. Commissioner Illig asked if most children have primary care physicians. Dr. Ziring replied that most students are supposed to have a primary care physician, but most students could not tell you the name. This is

something everyone is focused on, since research clearly shows that there are better health outcomes when people are linked to specific physicians.

- Commissioner Guy said the Commission and MCH have been working through the Population Health and Prevention Joint Conference Committee over the past few years toward integration with other child-serving programs. It is important for the Commission to understand what strategically it should be advocating for—more nurses, more health centers, or other initiatives. Commissioner Guy asked if MCH provides dental sealants to children. Ms. Crear said that MCH has a dentist that provides sealants to second grade students.

- Commissioner Monfredini urged Ms. Crear to communicate the MCH priorities to the Health Commission.

7) PRESENTATION OF THE YOUTH DEVELOPMENT POLICY AND CONSIDERATION OF POLICY ADOPTION

Iman Nazeeri-Simmons, MPH, Adolescent Health Coordinator and Christina Carpenter, MPH, Community Health Education Section, presented the Youth Development Standards for Practice for the Department of Public Health. The goals of the Standards of Practice are to promote a common understanding of youth development and to establish a consistent set of standards for practice and to ensure that young people acquire the skills and support they need to become healthy adults. It is a quality improvement strategy for youth-serving programs. Youth Development is an approach that should be at the core of all youth service programs. It is not a program.

Examples of youth development in action are:

- Youth Advisors/Board members
- Adult mentors for youth
- Youth stipends/incentives
- Fun, youth-inspired spaces
- Mutual respect between adults and youth
- Youth greeters
- Youth advocating to improve recreation facilities
- Programs include youth/family nights
- Youth are both leaders and participants
- Youth develop and evaluate programs.

The Standards of Practice Policy consists of guiding principles; organizational structure, culture and environment; programmatic structure, youth participation and skill building; community and family connections; and training, evaluation and monitoring.

Staff met with numerous groups, both internal and external to DPH, while developing the proposed policy, including the School District, Mayor's Office of Criminal Justice, Juvenile Probation, community-based organizations and youth focus groups.

There are a number of DPH programs that put youth development into action, including Primary Care's Community Health Programs for Youth (CHPY), STD Prevention and Control's Youth United Through Health Education, the Children's System of Care Youth Task Force, YouthPOWER and the Health Commission/Office of Adolescent Health Youth Health Advisor.

Implementation Plan

- Case study drafted and list of resources compiled
- Training curriculum to be developed with Community Network for Youth Development and Health Initiatives for Youth
- Youth will be involved with training and evaluation
- Trainings will first be held for DPH staff and then for contractors.

Public Comment

- Michael Baxter, Director of Community Health Programs for Youth, which includes Balboa Clinic, Hip Hop Clinic, Cole Street Clinic and Larkin Street Clinic. Balboa Clinic will have a Youth Advisory Board. The State should push youth development as a policy and should fund these initiatives.

- Sue Eldredge, Community Network for Youth Development, said the organization has been working with DPH staff over the last three years to shape this policy. This is a model policy for other City departments and throughout the country.

- Victor Damian, Youth Coordinator for Children's System of Care Youth Task Force, said that youth development works. He runs a program for youth who are involved in mental health, foster care and criminal justice systems. Young people are the experts for these systems so they should have input in the programs. He asked that the Youth Task Force has further dialogue with the Commission.

- Rosemarie Menses, Youth Task Force, said youth who have been through the hardest experiences have benefited from youth development and she stands as an advocate.

- Cloteal Norman, Youth Task Force member, she has really seen a change in the way the Task Force is viewed by adults. Before, adults did not know what young people had to offer. Now that has changed. The program has helped her become a better leader, stay in school.

- Sharon Dolan, Health Initiatives for Youth, said this policy represents the intersection between health and youth development.

- Ann Song, Health Education Specialist with Contra Costa County, and a recent intern at DPH Office of Adolescent Health, said youth serving agencies in San Francisco really rallied around the youth development policy.

- Stephanie Champion, San Francisco Youth Commission, fully supports the youth development policy. It is an important step to helping youth be independent and engaging members of society.

- Adreena Winfield, Youth Power, said that her organization's goal is to stop alcohol and drug abuse in the Bayview Hunters Point Community. The staff of her program treats the youth with respect.

- Etan Zaitsu, Youth Power, said that youth development allows connections with young people, opportunities for leadership. Young people have fresh perspectives and creative ideas.

- Erica Newport, Youth Health Advisor to the PHP JCC, said she is a product of youth development. When she is at the PHP JCC meetings, she is a part of the decision-making, rather than just a product of adult decision-making, and this is a tremendous experience.

Commissioners' Comments

- Commissioner Guy said this is a primary prevention approach, and she is pleased that the policy is before the Commission. The Joint Conference Committees will follow-up on training and implementation. This should be a key component in the revised Strategic Plan.

- Commissioner Illig said that the policy makes a lot of sense for youth-focused programs, and asked if this could be applied to programs that serve primarily adults, but also youth. Ms. Carpenter said that these are applicable concepts. Ms. Carpenter reiterated that the policy is not meant to be punitive, but to really raise the level of service.

- Commissioner Sanchez commended the policy.

- Commissioner Monfredini referred Victor Damien's request to the PHP JCC.

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) adopted the Department of Public Health Youth Development Standards of Practice (Attachment A).

8) **PUBLIC COMMENT**

None.

9) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) voted to go into closed session.

The Commission went into closed session at 5:30 p.m. Present in closed session were Commissioner Guy, Commissioner Illig, Commissioner Monfredini, Commissioner Sanchez, Commissioner Umekubo, Laurene Bourey, R.N., Risk Management Nurse, Blake Loebs, Deputy City Attorney, Mitch Katz, Director of Health, Gene O'Connell, SFGH Executive Administrator, Hiroshi Tokubo, Risk Management and Michele Olson, Health Commission Executive Secretary.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) approved the settlement in the amount of $240,000 in the Jean B. Applebaum et al vs. City and County of San Francisco, Superior Court File Case #410-962.

D) Reconvene in Open Session

The Commission reconvened in open session at 5:57 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) voted not to disclose any discussions held in closed session.

10) ADJOURNMENT

The meeting was adjourned at 5:58 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

San Francisco Department of Public Health
Division of Community Programs
Office of Adolescent Health

TO: Edward Chow, M.D., President and
Members of the San Francisco Health Commission

THRU: Mitchell H. Katz, M.D., Director of Health

FROM: Iman Nazeeri-Simmons, MPH, Coordinator of Adolescent Health

DATE: June 28, 2004

RE: Youth Development Standards of Practice

Please find attached the Youth Development Standards of Practice document and PowerPoint presentation for your review. I look forward to presenting these standards at the next Health Commission meeting on July 6th. Please do not hesitate to contact me for any questions or further information. Thank you.

Division of Community Programs
• Community Mental Health Services • Community Substance Abuse Services • Housing and Urban Health Services •
• Maternal Child and Adolescent Health Services • Primary Care Clinic Services • Office of Adolescent Health • Office of Women's Health
Email address: iman.nazeeri-simmons@sfdph.org
1380 Howard St., 4th Floor, San Francisco, CA 94103 Phone: (415) 255-3925 Fax: (415) 252-3062

San Francisco Department of Public Health
Youth Development Standards of Practice

Title	Youth Development Standards of Practice
Adoption Date	Adopted by xxx date
Review Dates	Annually
Oversight	Director of Department of Public Health
Authors	Youth Development Committee Members and DPH Staff
Sections Affected	All Department of Public Health (DPH) providers (including a phasing-in of contractors) who deliver services to youth up to the age of 24.
Purpose	These standards of practice are designed to ensure that youth-serving programs and activities are consistent with the youth development approach and practice. The ultimate goal is to create healthy and safe environments where young people can transition successfully into adulthood.

Guiding Principles

YOUTH DEVELOPMENT –

Process: Youth development is the physical, social, and emotional process all young people experience as they transition from childhood to adulthood. During this time, young people seek ways to meet their basic needs and t gain the knowledge and skills necessary to lead a healthy life.

Approach: The youth development approach to service delivery is designed to support young people as they move through adolescence and into adulthood. A youth development approach recognizes and builds upon the assets and strengths of youth, instead of focusing on what young people lack (also referred to as a deficit approach). Youth thus become legitimate, essential partners in the creation and maintenance of healthy and safe communities.

Practice: In order to ensure that young people receive the support they need to learn and grow, programs will: (1) bring families and communities together to build safe and supportive environments for youth, (2) foster meaningful youth participation, (3) provide opportunities for youth involvement in the community, (4) create challenging and engaging learning experiences which build resiliency skills.

ADOLESCENTS & YOUNG ADULTS –

- Adolescence and young adulthood are pivotal periods for youth to acquire the attitudes, competencies, values, and social connections that will help carry them forward to successful adulthood.

- All adolescents and young adults need generous amounts of support, instruction, limit-setting, and caring as the make their way from childhood through adolescence and into adulthood.

- It is critical during this period for adolescents to have opportunities which will enhance their assets and talents, help them to form positive relationships with peers and adults, and empower them to actively take part in their communities and neighborhoods.

YOUTH SERVING AGENCIES & PROGRAMS –

- Adopting a youth development approach requires that youth-serving programs move from a problem-based mentality to a strengths-based framework. Focusing on the value of youth to society cultivates opportunities in which youth meaningfully connect with and engage in their school, community, and family.

- Youth-serving programs recognize the importance of community collaboration, and work to holistically enhanc the healthy behaviors and outcomes of youth over the long-term.

- Organizational practices support youth development through youth-led ongoing training, evaluation, and networking.

- Youth-serving organizations embrace an internal environment of inclusiveness, responsiveness, and continuity.

- Policies such as the Cultural Competency policy, the Minor Consent policy, and the Harm Reduction policy support the goals of youth development and will be adhered to by all youth serving programs.

102.01 Youth Development Implementation: Organizational Structure, Culture, and Environment
Standards of Practice

All youth-serving agencies providing services to youth, up to age 24, will have
a) a safe, sustainable organizational structure with built-in mechanisms for youth decision-making and participation.
b) staff and youth participants which reflect the underlying cultural, social, and linguistic diversity of the local, target community.
c) qualified, trained staff with adequate* client/staff ratio;
d) a physical environment that is appropriate for clients' developmental, gender, sexual identity, cultural needs, and physical and mental abilities;
e) appropriate physical space for programming.

*Adequate client/staff ratios are both program and age-specific. For guidelines and common practices, please refer to the glossary.

Structure

1. The organization's governance structure will complement youth development principles such that youth will play an active role in how decisions are made, staff positions will be designed to support youth-driven work, and communication mechanisms will be established to listen to and incorporate youth and community voice.

2. Organizational policies will promote staff retention through training and job development in order to promote continuity and dependability.

3. Providers will ensure an age-appropriate and program specific staff-to-client ratio.

Culture

4. Youth-serving organizations will create an internal culture of mutual respect, creativity, and open communication. This culture will support both staff and participant retention and help to build trust and confidence between client and staff.

5. Youth will participate in designing and enforcing behavioral rules, expectations, and consequences for noncompliance.

6. Behavioral expectations that demand respect for staff, youth, and parents will be both clear and fair. Expectations and rules will be posted in common areas, in age- and culturally-appropriate language.

7. Youth-serving organizations will have in place procedures to ensure a client's right to privacy.

Physical Environment

8. Youth serving agencies will provide safe and reliable activities and spaces during hours that are accessible to school-aged youth.

9. Service sites will be well lit, well maintained and entrances will ensure safe passage to programs.

10. Physical spaces will be decorated in an age-appropriate manner that is welcoming to students of all cultures, backgrounds, and genders.

11. Program settings will be free from violence and unsafe health conditions such as environmental hazards, infectious agents, and conditions leading to unintentional and intentional injuries.

Office of Adolescent Health (415-255-3925)
Community Health Education Section (415-581-2422)

rev. June 28, 2004

102.02 Youth Development Implementation: Programmatic structure, youth-participation and skill building *Standards of Practice*	
All youth-serving agencies that provide services to youth up to age 24, will ensure meaningful youth participation, skill building and vocational/career development.	1. Youth will play a meaningful, active role in programmatic planning, implementation, and evaluation. Meaningful participation includes opportunities for intergenerational decision-making, developing and practicing leadership and advocacy skills, and entering into an equitable partnership with adults. 2. Compensation for youth work – in the form of stipends, academic credit, or in-kind payments – is strongly encouraged so as to 1) acknowledge the importance of youth's contributions, 2) provide youth with work experience, and 3) enhance job development skills. 3. Programs will facilitate personal development through opportunities for independent decision-making and positive risk-taking in a fun and supportive environment sensitive to developmental and cultural needs. 4. Programs will promote the acquisition of life skills and the integration of physical, social, mental, and behavioral health. 5. Staff interactions with youth will emphasize openness, positive reinforcement, positive modeling, and constructive feedback.

102.03 Youth Development Implementation: Community and Family Connections *Standards of Practice*	
All agencies providing services to youth, up to age 24, will incorporate youth development principles and practices into its programs to promote and enhance the coordination between family, school, and the community.	1. Parents, guardians, and community members will serve as active members in programmatic decision-making processes. 2. Youth will have opportunities to explore their own social and cultural heritage as well as those of others in order to promote inclusiveness, multicultural competence, and respect. 3. Programs will help youth make meaningful connections across the different settings of their lives – including family, school and the community. 4. Youth will have opportunities to engage in, contribute, and feel committed to their various communities. 5. Programs will work to form partnerships and collaborations with other organizations to better meet youth's needs. 6. Programs will teach youth practical advocacy skills so they can learn how to navigate and access community resources.

102.04 Youth Development Implementation: Training, Evaluation and Monitoring *Standards of Practice*	
All agencies providing services to youth, up to age 24, will receive training on current youth development principles and practices, and performance measures will be established and monitored to assure compliance and continuous improvement.	1. Youth development training and ongoing technical assistance will be offered by the San Francisco Department of Public Health (DPH) and community partners to DPH staff and contractors who work with youth. 2. All programs will include youth development standards of practice assessments within their annual evaluation plans. 3. Youth will be involved in/conduct evaluation of all programs and have the ability to hold programs accountable for evaluation findings. 4. Evaluation findings will be used for ongoing, results-based staff and quality improvement.

Authorizations

Divisions	Signature	Adoption Date	Effective Date
Department of Public Health (DPH)	Mitchell H. Katz, M.D., Director of Health		
DPH Division of Community Programs	Barbara A. Garcia, Director		

DEFINITIONS

Adolescent: An individual in the period of transition between puberty and adulthood, roughly between 10 and 24 years of age. Adolescence is a period of intense physical and psychosocial changes. Adolescents experience not only physical growth and change but also emotional, psychological, social, and mental change and growth, usually beginning and ending in the second decade of life.

Advocacy: The process of researching, collecting and using information to strategically challenge the status-quo, modify policies, and reform schools and communities which impact the lives of youth.

Assets: Factors that promote positive adolescent development, and lead to the adoption of healthy behaviors and actions. Assets may be external factors such as positive relationships with family, friends, school, and the community, or internal factors reflecting a young person's personal convictions and attitudes. The Search Institute has identified 40 critical assets, naming the external asset categories as support, boundaries and expectations, and time use. Internal asset groupings include educational commitment, positive values, social competencies, and positive identity.

Deficits: Defined by the Search Institute as influences that can interfere with healthy development, limit access to and development of assets, and ease the way into risky behavior. The Search Institute, a national non-profit organization, conducts research on young people's developmental assets and offers quantitative assessments on the value of assets versus deficits.

Constructive Feedback: Regular feedback on progress is necessary so that students understand what they know an what they still need to learn and master. Constructive feedback differs from criticism in that it focuses on a student' rengths and how to apply those strengths to personal growth areas.

Positive risk-taking: Willingness to learn new things, discover new passions, make mistakes, and confront challenges without obvious solutions, such that one's personal growth, integrity, and accomplishments are enhance

Community Involvement: The activities that increase young people's knowledge of the community beyond the program and allow them to give back to the community, and experiences a sense of connection to it. These experiences, along with concrete knowledge of the community and its resources, are critical for promoting young people's healthy development and learning.

Low staff/client ratio: Low staff-youth ratios and group sizes allow staff to meet the needs of youth, and allow youth to make their voice heard. Staff-youth ratios vary according to the ages and abilities of youth. For groups of youth six and older, a 1:15 ratio of adult staff to youth is recommended.

Organizational structure: The formal system of working relationships within an organization, identifying connections between different functions and positions of the management and staff. An organization's structure consists of (1) determining what activities need to be accomplished, (2) grouping the identified activities in terms o functionality, and (3) staffing the structure with the appropriate personnel skills to perform the designated activitie in a coordinated manner.

Organizational culture: A pattern of basic assumptions, values, and norms which guide behavior inside an organization.

pport: (1) Emotional: being caring and responsive; (2) Instrumental: providing guidance that is useful to young ople.

Youth Development: The ongoing growth process in which all youth are engaged in attempting to (1) meet their basic personal and social needs to be safe, feel cared for, be valued, be useful, and be spiritually grounded, and (2) to build skills and competencies that allow them to function and contribute in their daily lives.

Youth-led: Allowing youth to take ownership over the creation, implementation, and evaluation of projects and initiatives. Adults guide and support the work of youth, rather than control or direct it.

Youth: Persons under the age of 24 undergoing constant physical, social, and emotional growth and development.

Youth Participation: Includes opportunities for intergenerational decision-making, developing and practicing leadership and advocacy skills, and entering into an equitable partnership with adults.

References

- Blyth, Dale; Roehlkepartain, Eugene C. "A new study highlights what youth need from communities." *Source Newsletter,* May 1992. www.search-institute.org/archives/wt.htm

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- National Research Council and the Institute of Medicine. "Community Programs to Promote Youth Development." Washington D.C: National Academy Press, 2002.

- Pittman, Karen. Diversi, Marcelo. Ferber, Thaddeus. Social Policy Supports for Adolescence in the Twenty-First Century: Framing Questions. *Journal of Research on Adolescence. Adolescents' Preparation for the Future: Perils and Promise: A Report of the Study Group on Adolescence in the Twenty-First Century.* 12(1):149-158, 2002.

Office of Adolescent Health (415-255-3925)
Community Health Education Section (415-581-2422)

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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Web Site: http://www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

JUL 16 2004

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Tuesday, July 20, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 6, 2004**
**Minutes of the meeting of July 6, 2004*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) **SFGH-Health Information Systems** – Request for approval of a retroactive renewal contract with Deliverex, Inc., in the amount of $660,000, for the purpose of storing, retrieving and delivering medical records for San Francisco General Hospital's Health Information Services, Medical Staff Services and Radiology Departments, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report summaries*

(3.2) **Laguna Honda Hospital-Nursing** – Request for approval of a retroactive renewal contract with Nurse Providers, Inc., in the amount of $245,000, to provide supplemental, temporary per diem nursing personnel services for Laguna Honda Hospital, for the period of July 1, 2004 through June 30, 2005.
** Contract summary*

(3.3) **CHPP-Injury Prevention** – Request for approval to accept and expend a grant from the California Office of Traffic Safety, in the amount of $319,706, for the support of a 27-month project to improve pedestrian safety in San Francisco, for the period of October 1, 2004 to December 31, 2006, and a contract with the San Francisco Study Center, in the total amount of $90,000. for the same time period.
** Grant summary, Budget, Grant information form*

(3.4) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive new contract with Patricia Sullivan, in the amount of $198,768, to provide consultant services for Quality Management: Standards of Care training, and Transgender Cultural Competency materials design to CARE-funded service providers, for the period of March 1, 2004 through February 29, 2005.
** Contract summary, Contract evaluation form*

(3.5) **BHS-MH/SA** – Request for approval of a retroactive contract renewal with New Leaf: Services For Our Community, in the amount of $1,485,434 per year, for a total contract value of $5,941,736, to provide outpatient substance abuse and mental health services targeting lesbian, gay, bisexual and transgender communities, for the period of July 1, 2004 through June 30, 2008.
** Contract Summary, Monitoring report summaries, Corrective action plan, Client demographic information* forms

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JULY**
**List of Awardees*

6) **FOR DISCUSSION AND ACTION:** **HEALTH CARE ACCOUNTABILITY ORDINANCE UPDATE AND CONSIDERATION OF A RESOLUTION APPROVING AMENDMENTS TO THE MINIMUM STANDARDS, SUPPORTING ADDITIONAL AMENDMENTS, AND URGING THE BOARD OF SUPERVISORS TO APPPROVE THE ADDITIONAL AMENDMENTS**
(Frances Culp, Health Program Planner, Office of Policy and Planning)
**Report and Resolution*

7) **FOR DISCUSSION:** **COMMISSION ON AGING PRESENTATION OF THE "LIVING WITH DIGNITY IN SAN FRANCISCO" REPORT**
(Sandy Mori, Living with Dignity Policy Committee member)
**Report*

8) FOR DISCUSSION: McMILLAN STABILIZATION PROJECT UPDATE
(Barry Zevin, M.D., Medical Director, Community and Homeless Services)
**Update*

9) PUBLIC COMMENT**

10) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Approval of a settlement in the amount of $96,400 in the Yvette Castillo vs. City and County of San Francisco, Superior Court File Case #416-346

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

11) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of

Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

Edward A. Chow, M.D.
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HEALTH COMMISSION

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, July 20, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

04

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:00 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Lee Ann Monfredini, Vice President
Commissioner Roma P. Guy, M.S.W.
Commissioner James M. Illig – left at 5:30 p.m.
Commissioner Michael Penn, M.D., Ph.D.
Commissioner David J. Sanchez, Ph.D. – left at 5:00 p.m.
Commissioner John I. Umekubo, M.D. – arrived at 3:15 p.m.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 6, 2004

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Penn, Sanchez) approved the minutes of the July 2, 2004 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired, and Commissioner Guy and Commissioner Penn attended, the Budget Committee meeting.

(3.1) **SFGH-Health Information Systems** – Request for approval of a retroactive renewal contract with Deliverex, Inc., in the amount of $660,000, for the purpose of storing, retrieving and delivering medical records for San Francisco General Hospital's Health Information Services, Medical Staff Services and Radiology Departments, for the period of July 1, 2004 through June 30, 2005.

(3.2) **Laguna Honda Hospital-Nursing** – Request for approval of a retroactive renewal contract with Nurse Providers, Inc., in the amount of $245,000, to provide supplemental, temporary per diem nursing personnel services for Laguna Honda Hospital, for the period of July 1, 2004 through June 30, 2005.

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(3.4) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive new contract with Patricia Sullivan, in the amount of $198,768, to provide consultant services for Quality Management: Standards of Care training, and Transgender Cultural Competency materials design to CARE-funded service providers, for the period of March 1, 2004 through February 29, 2005.

(3.5) **BHS-MH/SA** – Request for approval of a retroactive contract renewal with New Leaf: Services For Our Community, in the amount of $1,485,434 per year, for a total contract value of $5,941,736, to provide outpatient substance abuse and mental health services targeting lesbian, gay, bisexual and transgender communities, for the period of July 1, 2004 through June 30, 2008.

Secretary's Note – this contract was continued to the August 3, 2004 Health Commission meeting.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Penn, Sanchez) approved Items 3.1 through 3.4 of the Budget Committee Consent Calendar. Item 3.5 was continued to the August 3, 2004 Health Commission meeting.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Regulation of Massage Industry

Beginning July 1st, DPH became responsible for permitting and regulating the massage industry in San Francisco. This was previously under the purview of the SF Police Department. The Environmental Health Division is now responsible for visiting sites and performing regular inspections to ensure that they meet all of the required health and safety codes. The STD Program is responsible for performing outreach, education and community capacity building within the industry and has hired staff with prior experience working with sex workers to implement the outreach program. It is anticipated that funding for the outreach position will come from the revenues collected from the permitting process.

Update on EIR for Proposed SFGHMC Helipad

Activities are continuing for the SFGH medical helipad Environmental Impact Report (EIR), which is being prepared by Turnstone Consulting under the direction of the city's Planning Department. On July 14th, two types of medical helicopters made a number of approaches and departures over the SFGH Campus between 12 noon and 1:00 p.m. These flights were conducted as part of the noise

study being conducted by Harris Miller & Hanson, a noise and vibration control consulting firm. At 1:30 p.m., SFGH sponsored a community event, which included a landing of one of the helicopters at Rolph Playground located on Potrero and Cesar Chavez. Other activities included tours of the medical helicopter, an SFFD ambulance and fire engine. SFGH provided written materials on injury prevention, 911 access and disaster preparedness and visits with Trauma Center staff.

Laguna Honda Hospital

Laguna Honda Hospital successfully passed a State Licensing and Certification skilled nursing resurvey conducted at the facility from July 13th to July 15th. During this resurvey, the hospital staff demonstrated substantial compliance with all applicable State and federal standards, and was able to limit possible denial of payment for admissions to a six-day period from July 9th to July 15th. The hospital administration is discussing proposed penalties with Licensing and Certification and the Centers for Medicare and Medicaid Services (CMS), and will file an appeal with CMS, if necessary, to avert application of any penalties. A full report will be presented to the Laguna Honda Joint Conference Committee on Thursday, July 22.

Department of Health Annual Survey of SFGH SNF Beds

One week after the opening of the Mental Health Rehabilitation Center in the San Francisco Behavioral Health Center (SFBHC) (formerly known as the MHRF), the State Department of Health Services arrived unannounced on Monday, July 12th, for their annual Licensing and Certification Survey of San Francisco General Hospital Medical Center's Skilled Nursing Facilities: SFBHC/SNF (2nd floor) and SFGHMC 4A/SNF. The survey lasted four days, concluding with an exit conference on July 15th. SFGHMC passed the survey without any 'Substandard of Care' deficiencies. The next step for the SFBHC is to obtain licenses for its other two components: the Residential Treatment Facility and the Adult Residential Facility.

Avon Foundation Gift to SFGH for Mammovan

At the closing ceremony of the Avon Walk for Breast Cancer on Sunday, July 11th, Avon's President Kathleen Walas awarded five gifts totaling $1.7 million to Bay Area breast cancer organizations through its new "Supporting the Safety Net" initiative. As one of the recipients, San Francisco General Hospital Medical Center (SFGH) received $500,000. The money will be used to support the mobile mammography unit, which is being donated to SFGH by the UCSF Comprehensive Cancer Center; and to purchase women's ultrasound equipment for breast and ob-gyn services. Equipped with digital mammography equipment that is compatible with the units installed at the newly dedicated SFGH Avon Foundation Comprehensive Breast Center, the Mammovan is a moveable extension of the SFGH Breast Center. With the Mammovan, an additional 3,500 women will be screened per year.

SevenPrinciples Cultural Competency Training for Providers

On July 27th, Community Behavioral Health Services is sponsoring a training entitled "Reducing African American Infant Mortality in San Francisco." This will be a hands-on training for physicians, nurse practitioners, certified registered nurse midwives, nurses and other health professionals serving African American women of reproductive age and their infants. The training will take place from 9:00 a.m. to 1:00 p.m. at the UCSF Laurel Heights Campus. Contact Dino Duazo at 415-581-2490 for additional information.

DPH Program Recognized with 2004 Bay Area American Heart Association Leadership Award

Cynthia Selmar, Director of the African American Health Initiative, and LeConte Dill, Health Educator at the Bayview Health and Environment Resource Center (HERC), received the 2004 Bay

Area American Heart Association Leadership Award for their direction and guidance as Chair and Co-Chair of the Bay Area African American Programs Task Force and in recognition of their leadership in the implementation of the San Francisco Search Your Heart Program. Congratulations to Ms. Selmar and Mr. Dill.

COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL

July 2004
Health Commission – Director of Health Report
(From 07/12/04 MEC and 07/13/04 JCC)

	07/04	7/04 to 06/05
New Appointments	21	21
Reinstatements	0	0
Reappointments	46	46
Delinquencies		0
Reappointment Denials		0
Resigned/Retired	29	29
Disciplinary Actions		0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	7	7
Voluntary Relinquishments	6	6
Proctorship Completed	5	5

Current Statistics – as of 07/1/04	
Active Staff	439
Affiliate Professionals (non-physicians)	181
Courtesy Staff	519
Total Members	1,139

Applications In Process	57	
Applications Withdrawn Month of Jan 2003	2	2(07/04/ to 06/05
SFGH Reappointments in Process Def 2003 to Mar 2004	196	

Commissioners' Comments

- Commissioner Chow suggested that the Laguna Honda Hospital Credentials Report be forwarded to the Health Commission, as is done with the San Francisco General Hospital Credentials Report. Staff agreed to do this.

- Commissioner Guy supports the overall direction of the Health Department taking over the permitting of massage establishments, as it is important to separate the health aspects of massage from potential criminal activities.

- Commissioner Monfredini said a concern had been expressed that some establishments say they are massage parlors, but provide other services, and she asked if DPH inspectors would be put in awkward positions in terms of enforcement. Dr. Katz replied that if staff witnessed illegal activity, they should report it.

- Commissioner Illig asked if the Health Commission would receive a comprehensive report on the final budget at the August 3 meeting. Dr. Katz said he would provide a full report.

- Commissioner Guy thanked Ms. O'Connell for her leadership with the Avon grant.

- Commissioner Monfredini is so pleased that the mammovan will be back under the auspices of SFGH.

- Commissioner Chow said that Avon has expressed happiness with its partnership with San Francisco. The community has truly embraced Avon, and this offers a wonderful opportunity.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JULY

Commissioner Monfredini presented the Employee Recognition Awards for the month of July.

Team Awardees	Division	Nominated by
Community Programs Budget Team Richard Acken Florence Atangan Duane Einhorn Nicholas Hancock Victoria Lau Antonia C. Malgieri Kanwar Singh Maureen Singleton Philip Tse	Population, Health and Prevention - Community Programs	Michelle Ruggels, Director of Operations, and Barbara Garcia, Director of Community Programs

6) HEALTHCARE ACCOUNTABILITY ORDINANCE UPDATE AND CONSIDERATION OF A RESOLUTION AMENDING THE MINIMUM STANDARDS AND SUPPORTING OTHER MODIFICATIONS TO THE HEALTHCARE ACCOUNTABILITY ORDINANCE

Anne Kronenberg, Deputy Director of Health, and Frances Culp, Health Program Planner, presented the Healthcare Accountability Ordinance Update.

DPH's Office of Policy and Planning last reported to the Health Commission in November 2003. At that time the Health Commission deferred approval of the suggested modifications to the Minimum Standards and employer fee, requesting that stakeholders meet to discuss and agree on modifications. Staff convened a stakeholders group that included some of the original drafters of the legislation, with representatives from non-profit organizations, labor, Human Services Network, Health Authority and the Office of Contract Administration. The group came to consensus on the proposed recommendations.

Minimum Standards Recommendation

- Co-payments for office visits. $15 per visit for a Closed Panel HMO and $20 per visit for all other HMO models.
- Other services must be offered with no set copay amount.
- Employee's out-of-pocket maximum shall not exceed $2,500.
- Maintains the HMO plan, comprehensive set of benefits, no deductible, and employee pays no premium cost.

Employer Fee Issues and Recommendation

- Fee increase from $1.50 per hour with a $60 monthly maximum to $2 per hour with an $80 monthly maximum.
- Raising the fee will allow premium costs to rise without making the average premium more expensive than the fee.

Additional Changes to HCAO

- Postpone requirement to cover those working 15 to 19 hours per week.
- Expand definition of student interns.
- Exempt non-profit relief workers.
- Have the effective date be the first day following the first month after the employee is hired.
- Encourage City Departments to work pass-through into the budget.

In addition, DPH has agreed to reexamine the issue of developing a local health coverage program. When this was last analyzed, DPH staff and the Commission agreed that such a program was not economically feasible. However, given the strong interest on the part of stakeholders, a subcommittee has been formed to revisit the issue.

Donna Levitt from the Office of Labor Standards Enforcement, the unit that is responsible for enforcement of HCAO, said that she strongly supports DPH's recommendations. Her office will be

suggesting additional amendments, and will forward the entire package to the Board of Supervisors in August.

Public Comment

- Debbie Lerman, Human Services Network, spoke in support of the recommendations. Their member agencies are committed to making the ordinance work.

- Kelly Wilkinson, Associate Director of Episcopal Community Services, supports the recommendation. Her organization is committed to having a healthy workforce, and the amendments will help.

- Richard Heasley, Executive Director of Conard House, said the ordinance is a work in progress and the recommendations clarify and streamline the ordinance.

- Dale Butler, SEIU 790, said labor supports the findings of the working group. However, there is a loophole that some employers are inappropriately using to not provide insurance to employees. He urged the Commission to ask Dr. Katz to take a close look at the loophole (12Q.2.13) and seek further amendments.

- Jean Fraser, San Francisco Health Plan, spoke in support of the recommendations and said everyone at the table was compassionate and committed to creating a proposal that encourages health insurance coverage.

Commissioners' Comments

- Commissioner Chow asked staff to clarify the best time to implement these changes. Would covered entities be required to change their insurance to meet the minimum standards to comply with the amended ordinance? Ms. Kronenberg said the effective date was set arbitrarily, with the goal of getting agencies to comply with the ordinance as quickly as possible.

- Commissioner Illig is pleased that such a broad range of people participated in these discussions. He clarified for the Commission that the only contracts that are covered under this ordinance are those that are funded through the General Fund. This is just the first step. His concern is that there are provisions in the law that go beyond what the City currently provides to its own employees.

- Commissioner Guy asked that the Office of Labor Standards Enforcement work with the DPH to review the ordinance with respect to the loophole raised by Mr. Butler, and recommend further amendments to rectify this issue.

Action Taken: The Commission approved Resolution #10-04, "Amending the Minimum Standards and Supporting Other Modifications to the Healthcare Accountability Ordinance," (Attachment A).

7) **LIVING WITH DIGNITY POLICY COMMITTEE'S PRESENTATION OF THE "LIVING WITH DIGNITY IN SAN FRANCISCO" REPORT**

Sandy Mori, Living with Dignity Policy Committee member, introduced the Living With Dignity Policy Committee's "Living with Dignity in San Francisco" Report. This is a strategic plan to improve community-based long-term care and supportive services for older adults and adults with disabilities. The plan is a significant milestone in that it provides clear direction for strengthening the service delivery system, focuses on lower-cost services, and will prevent the need for higher cost interventions.

Bill Haskell and Nancy Giunta of the Department of Aging and Adult Services described the components of the plan. The target population is older adults and adults of all ages with disabilities who require some level of long-term support.

Vision for the Improved Service Delivery System – No Wrong Door

- Improved access to services – when consumers enter the system, they will be directed to the appropriate services.
- A well-coordinated service delivery system – providers will no longer be separate; they will be part of a public-private partnership that will consist of a coordinated network of service providers.
- Increased Collaboration – community-based service providers will collaborate with Aging and Adult Services, Human Services, Public Health, Mayor's Office of Housing, and the Mayor's Office on Disability.
- Culturally appropriate services – historically underserved racial, ethnic and cultural communities will be targeted; neighborhood partnerships will improve awareness of and access to services.

The plan includes five broad goals, 19 targeted strategies and 86 specific objectives. Each objective has a lead agency, shared responsibilities and due dates. The goals are:

Goal 1: Establish Better Coordination of Services
Goal 2: Increase Access to Services
Goal 3: Improve Service Quality
Goal 4: Secure Financial and Political Resources
Goal 5: Expand System Capacity

San Francisco received a Community Partnerships for Older Adults grant from the Robert Wood Johnson Foundation. This funding will help San Francisco accomplish the goals of the Living with Dignity Plan. Ms. Giunta described the four initiatives that will be funded through this grant. The initiatives are: strengthen and sustain neighborhood partnerships; improve case management collaboration; enhance recruitment, training and retention of homecare workers; and implement public relations and marketing strategies.

Ms. Mori requested support from the Department of Public Health in specific areas, including participation in the Hospital Discharge Planning Workgroup, LHH staff participation in a Community Placement Workgroup, Behavioral Health Staff participation in a Mental Health Access Workgroup, and staff participation in a Public Policy and Financing Workgroup. LHH staff should form a LHH Assisted Living Workgroup and DPH staff should participate in an Accessible Housing Workgroup.

Herb Levine, Executive Director of the Independent Living Resource Center and member of the Living With Dignity Policy Committee, summarized the presentation. Dr. Katz said that the initiative has all the right elements.

Commissioners' Comments

- Commissioner Illig clarified that the Long Term Care Coordinating Council, members of which will soon be appointed by Mayor Newsom, includes the Director of DPH or his designee. Commissioner Illig is committed to making this plan a reality, and he urged Dr. Katz to appoint a high-level staff person to this Council.

- Commissioner Monfredini is impressed with the report, and aware DPH will have to be a part of the implementation in order for the plan to be successful. Her concern is that the Department's administrative and support staff was greatly reduced during this budget process, and people are performing multiple tasks. This needs to be taken into consideration when assigning this new task for a staff person.

- Commissioner Guy congratulated the Policy Committee on the report. She reiterated the point about being aware of the staffing challenges. It is important for DPH to be involved in this effort because the DPH tertiary care facilities, Laguna Honda and San Francisco General, are a part of this community. Ms. Mori asked that the Policy Committee be able to work with Dr. Katz to prioritize DPH's participation in the work groups, in recognition of staff constraints.

- Commissioner Umekubo noted that the projected increase in the older population makes the report even more necessary. He said it is important that the private hospitals be included in the Hospital Discharge Planning Workgroup. It is critical that proper funding be obtained to ensure adequate resources for this population. His other concern is whether there will be an adequate workforce for all the services it is hoped to provide.

- Commissioner Penn is impressed by the report. He asked who is ultimately accountable for implementation. Mr. Haskell replied that accountability would be shared; the Long Term Care Coordinating Council would be reporting to the Mayor.

- Commissioner Chow said that his hope is that within the next four years there will be a fuller complement of resources. He suggested that the recommendations be referred to the Director of Health and the Strategic Planning Process to determine where DPH could be of the most assistance. He asked Dr. Katz to report back to the Commission how specifically DPH will be involved.

8) McMILLAN STABILIZATION PROJECT UPDATE

Barry Zevin, M.D., Medical Director, Community and Homeless Services, presented an update on the McMillan Stabilization Project. This project was one of the recommendations of the Emergency Room Diversion Task Force, which was convened in 2002 to identify burdens on San Francisco Emergency Rooms. The intent of the pilot project was to divert homeless alcoholics to a safe, more effective and less costly level of care. This is an unprecedented public/private partnership. The City and County of San Francisco and the Hospital Council of Northern and Central California fund the pilot project. The pilot project was implemented in July 2003.

The target population is homeless or marginally housed chronic alcoholics who have frequent public intoxication, are dually- and triply-diagnosed and are uninsured. Services are provided 24 hours a day, seven days a week. There are 20 sobering beds at existing McMillan Drop-in Center. Clients are transported by MAP Van, ambulance and police.

Goals and Outcomes

Goal 1: To provide better care for homeless alcohol-dependent persons and improve their health outcomes.

Outcome measurements include discharge status, utilization of treatment system and providers' impressions of health outcomes. 329 patients were assessed for case management services. 45 were discharged to medical detox and 107 to social detox.

Goal 2: To decrease the number of inappropriate ambulance trips transporting homeless alcoholic-dependent person to the emergency department.

Outcomes include the appropriate triage and transportation of client on the street to reduce the number of ambulance transports of intoxicated persons, the time emergency departments are on diversion and paramedic time on task.

Goal 3: To decrease the number of inappropriate homeless-dependent persons seen in the emergency room.

Outcomes include inappropriate ED use, due to sole need to become sober, and pick-ups by MAP van after clearance from participating hospital. MAP van transports to McMillan have increased over 50 percent from last year.

Successes

- Commitment to goals
- Strong planning and collaboration
- Development of protocols
- Inter-departmental communication
- Integration
- Access to services
- Staffing

Next Steps

- Increase access to appropriate levels of care
- Evaluation support
- Outreach and education
- Client involvement in continuous improvement
- Access to public benefits
- Project sustainability

Public Comment

- Niels Tangherlini, San Francisco Fire Department, said there has been a lot of training, education and orientation involved, which helped increase the number of ambulance transports to the McMillan Center. He is looking forward to continued collaboration with all the agencies involved.

- Janet Goy, Executive Director of CATS, said it has been a pleasure to be part of this collaboration and see what intensified services can do for the most complex patients who come through their door.

- Abby Yant, Saint Francis Memorial Hospital, is pleased that they have gotten the support for this population and that best practices have been established for these services. This is but one solution to hospital emergency department diversion.

Commissioners' Comments

- Commissioner Chow asked staff to convey to the Hospital Council that this partnership is very important and the Health Commission is appreciative of the Council's continued participation in this project.

- Commissioner Guy asked if this project has been helpful in reducing homeless deaths. Dr. Zevin said that the driving force behind this project is that the most severely ill homeless people he sees are chronic alcoholics and opiate users. This project provides the ability to catch and engage these individuals before they die on the streets. This, however, is difficult to track.

- Commissioner Umekubo thanked everyone involved in this project. He asked if the number of beds at McMillan is adequate. Dr. Zevin replied that at the moment it seems to be adequate. This will be closely monitored and reported in the annual report. Dr. Zevin added that there are homeless chronic inebriates who appropriately belong in emergency departments due to significant illness. Commissioner Umekubo asked if case management numbers could increase. Dr. Zevin said that the hours case managers work were adjusted, with the hope that more people can be assessed for case management services.

- Commissioner Monfredini is pleased with the project, and thanked the Hospital Council for their support of the program.

- Commissioner Penn said that this is a wonderful example of collaboration and integration.

9) PUBLIC COMMENT

None.

10) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Chow, Guy, Monfredini, Penn, Umekubo) voted to hold a closed session.

The Commission went into closed session at 6:20 p.m. Present in closed session were Commissioner Guy, Commissioner Chow, Commissioner Monfredini, Commissioner Penn, Commissioner Umekubo, Mitch Katz, M.D., Director of Health, Norm Nickens, Deputy Director, DPH-EEO, Lisa Berkowitz, Deputy City Attorney and Michele Olson, Health Commission Executive Secretary.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Action Taken: The Commission (Chow, Guy, Monfredini, Penn, Umekubo) voted to approve a settlement in the amount of $96,400 in the Yvette Castillo vs. City and County of San Francisco, Superior Court File Case #416-346.

D) Reconvene in Open Session

The Commission reconvened in open session at 6:30 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)(2) and San Francisco Administrative Code Section 67.12(b)(2).

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).

Action Taken: The Commission (Chow, Guy, Monfredini, Penn, Umekubo) voted not to disclose any or all discussions held in closed session.

11) **ADJOURNMENT**

The meeting was adjourned at 6:30 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 10-04

AMENDING THE MINIMUM STANDARDS AND SUPPORTING OTHER MODIFICATIONS TO THE HEALTHCARE ACCOUNTABILITY ORDINANCE

WHEREAS, on May 29, 2001, the Board of Supervisors passed the Healthcare Accountability Ordinance (HCAO), requiring that employers doing business with the City provide health care coverage for their employees or pay a fee to offset health costs for care provided by the City to the uninsured; and,

WHEREAS, the HCAO provides the Health Commission with the authority and responsibility to determine minimum standards for health plan benefits offered by City contractors and lessees; as well as certain subcontractors and subtenants, while other modifications to the Ordinance must be reviewed and approved by the Board of Supervisors; and,

WHEREAS, the Health Commission set the original HCAO minimum standards in 2001 dictating the health plan benefits based upon the Health Maintenance Organization (HMO) model of care because it provides for a comprehensive range of cost-effective services; and,

WHEREAS, the HCAO requires that the Health Commission review the minimum standards every two years and make changes to ensure that the standards are consistent with the current health insurance market; and,

WHEREAS, in November 2003, the Department of Public Health (DPH) reviewed the minimum standards and proposed changes to the Health Commission updating the minimum standards and adjusting the employer fee to reflect current market realities; and,

WHEREAS, at the November meeting public speakers raised a number of objections to the proposed changes and offered alternate proposals to update the Ordinance; and,

WHEREAS, hearing this testimony the Health Commission postponed acting on the proposed changes and instructed staff to form a HCAO stakeholders group to meet and explore solutions that addressed the needs of all the stakeholders, including the original drafters of the Ordinance, non-profit organizations, Labor, Human Services Network, the Health Authority and representatives from the Office of Contract Administration; and,

WHEREAS, DPH convened the HCAO stakeholders group and reviewed current HMO options offered to small businesses, noting that none of the plans meet the minimum standards and only the most expensive plans come close; and,

WHEREAS, the plans fail to meet the minimum standards because higher co-payments are required of employees to access these benefits, not because fewer benefits are being offered by HMOs; and,

WHEREAS, payments have risen dramatically for employers as well, with a 44.4 percent rise in California's average HMO premiums since 2000; and,

WHEREAS, the minimum standards are meant to reflect market reality and balance the needs of the employer and the employee; and,

WHEREAS, the stakeholders group believes that this balance can be best achieved by modifying the co-payment structure of the current minimum standards without changing the range of benefits offered; and,

WHEREAS, updating the minimum standards to reflect current market reality will enable many more employers to purchase mid-range HMO plans, thereby resulting in more workers in San Francisco being insured, supporting a better qualified and stable workforce on City contracts and leases; and,

WHEREAS, the average HMO monthly premium was $222 per month in 2003 and the employer fee of $1.50 per hour, $60 per week maximum ($240/month), this no longer adequately reflects the reality of rising premium costs and would better reflect this reality at $2.00 per hour, $80 per week maximum ($320/month); and,

WHEREAS, stakeholders identified additional issues and solutions to improve the Ordinance, including: postpone the requirement to provide coverage for part-time workers under 20 hours per week as coverage is not available; revise the language to exclude all types of student interns from HCAO; exempt non-profit relief workers; expand from a 30-day effective date for health insurance to the first day following the first complete calendar month worked by the employee; and support the pass-through for employers' health insurance costs in the budgets for City contracts; and,

WHEREAS, DPH supports the proposals developed by the HCAO stakeholders group and agrees that it is the appropriate time for a number of additional modifications within the Ordinance; and,

WHEREAS, some of these changes are under the purview of the Health Commission while others are at the discretion of the Board of Supervisors; therefore, be it

RESOLVED, that the minimum standards will require that co-payments for office visits (including PCP, perinatal and maternity, preventive care, and family planning) shall not exceed $15 per visit for a Closed Panel HMO; and $20 per visit for all other HMO models. The employee's annual out-of-pocket maximum shall not exceed $2,500. Each plan must be comprehensive and provide coverage for the following services:

- Office visits (including PCP, perinatal and maternity, preventive care, and family planning)
- Hospital inpatient

- Prescription drugs
- Outpatient services and procedures
- Diagnostic services (x-ray, labs, etc.)
- Perinatal and maternity care
- Emergency room and ambulance
- Mental health services, outpatient and inpatient
- Alcohol and substance abuse care, outpatient and inpatient detox
- Rehabilitative therapies
- Home health
- Durable medical equipment
- Hospice care
- Skilled nursing services;

and, be it

FURTHER RESOLVED, that these new minimum standards will be effective on September 1, 2004; and, be it

FURTHER RESOLVED, that the Health Commission supports the proposed changes as agreed upon by the HCAO stakeholders group, to include an increase in the hourly fee from $1.50 to $2.00 with an $80 per week maximum and the other modifications to the Ordinance, including: postpone the requirement to provide coverage for part-time workers under 20 hours per week until July 1, 2006; revise the language to exclude all types of student interns from HCAO; exempt non-profit relief workers; expand from a 30-day effective date for health insurance to the first day following the first complete calendar month worked by the employee; and support the pass-through for employers' health insurance costs in the budgets for City contracts; and, be it

FURTHER RESOLVED, that the Health Commission will forward the proposed changes to the Board of Supervisors for consideration and approval.

I hereby certify that the San Francisco Health Commission at its meeting of July 20, 2004 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
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AGENDA

HEALTH COMMISSION MEETING

Tuesday, August 3, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 20, 2004**
**Minutes of the meeting of July 20, 2004*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) **CHN-Primary Care** – Request for approval of a retroactive renewal contract with Shanti Project, in the amount of $169,680, to provide LifeLines Project services that support women living with breast cancer, for the period of July 1, 2004 through June 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.2) **PHP-AB 75 Project** – Request for approval to accept and expend retroactively a grant allocation in the amount of up to $1,694,330 from the State Department of Health Services, California Healthcare for Indigents Program, to provide reimbursement for health services delivered to indigent persons, for the term FY 2004-05.
** Grant summary, Grant information form, Budget pages*

(3.3) **PHP-Epidemiology** – Request for approval of a retroactive renewal contract with the Regents of the University of California, in the amount of $64,264, to provide for the services of a Postdoctoral Fellow, for the period of August 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report summary*

(3.4) **PHP-STD Prevention & Control** – Request for approval of a retroactive contract modification with the Regents of the University of California, in the amount of $172,875, for an extended contract term and an increased total of $270,875, to provide STD screening and counseling services at the Magnet Clinic, for the period of April 15, 2003 through December 31, 2004.
** Contract summary, Monitoring report summary*

(3.5) **PHP-STD Prevention and Control** – Request for approval of a retroactive new contract with Public Health Foundation Enterprises, Inc., in the amount of $77,914, to provide fiscal agency services for the STD Prevention and Control Section-YUTHE Program, targeting African-American youth between the ages of 12-24, for the period of January 1, 2004 through December 31, 2004.
** Contract summary*

(3.6) **AIDS OFFICE-Research** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $105,061, to provide fiscal administrative services for the "Post Marketing Surveillance for the OraQuick Rapid HIV-Antibody Test" project, for the period of July 1, 2004 through December 31, 2004.
** Contract summary, Final evaluation report*

(3.7) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $57,651, to provide HIV prevention services targeting defined behavioral risk groups, for the period of July 1, 2004 through December 31, 2004.
** Contract summary, Monitoring report summary, Monitoring report responses and follow-up materials, Client demographic information form*

(3.8) **AIDS OFFICE-HIV Health Services** - Request for retroactive approval of the following eleven FY 2004-2005 City and County of San Francisco General Fund contracts, for a combined total of $2,301,056, for the period of July 1, 2004 through June 30, 2005 with the following agencies:

	Amount with 12% Contingency
Asian Pacific Islander Wellness Center *(Renewal)*	$ 267,317
Continuum HIV Day Services *(New Award)*	$ 346,093
Immune Enhancement Project *(New Award)*	$ 262,606
Institute For Community Health Outreach *(Renewal)*	$ 112,000
Instituto Familiar de la Raza *(Renewal)*	$ 138,438
Legal Services for Children *(Renewal)*	$ 126,245
Mission Neighborhood Health Center *(Renewal)*	$ 188,945

Positive Resource Center *(Renewal)*		$ 156,800
Project Open Hand *(New Award)*		$ 95,974
Quan Yin Healing Arts Center *(New Award)*		$ 151,266
Shanti Project *(Renewal)*		$ 455,372
	Total:	$2,301,056

** Contract summary*

(3.9) **AIDS OFFICE-HIV Health Services -** Request for retroactive approval of the following two FY 2004-2005 City and County of San Francisco General Fund UCSF-AIDS Health Project renewal contracts for a combined total of $116,177 for the period of July 1, 2004 through June 30, 2005 as follows:

	Amount
Regents of the University of California, UCSF – AIDS Health Project HIV-IDU Case Management *(New Award)*	$ 70,177
Regents of the University of California, UCSF – AIDS Health Project HIV/AIDS Considering Work Project *(Renewal)*	$ 46,000
Total:	**$116,177**

** Contract summary*

(3.10) **CHPP-Health Promotion** – Request for approval of a retroactive contract modification with San Francisco Study Center, Inc., in the amount of $357,505 for the period of July 1, 2004 through June 30, 2005, to provide fiscal sponsor services for the Tobacco Free Project Community Capacity Building Training Center, for a total contract value of $3,419,761, for the period of July 1, 2001 through June 30, 2005.
** Contract summary, Monitoring report summary, Demographic information form*

(3.11) **BHS-MH** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $1,872,816, to provide a Single Point of Responsibility program for severely mentally ill adults, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.12) **BHS-MH/SA** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $1,529,057 per year, for a total contract amount of $6,850,175, to provide mental health and substance abuse counseling and treatment services for CalWorks program participants, for the period of July 1, 2004 through June 30, 2008.
** Contract summary, Monitoring report summary, Client demographic information forms*

(3.13) **BHS-SA** – Request for approval of retroactive contract renewal with Center for Juvenile and Criminal Justice, Inc., in the amount of $249,250, to provide substance abuse services targeting San Francisco male parolees over 18 years old, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report summary, Corrective action plan, Client demographic information form*

4) **FOR DISCUSSION:** DIRECTOR'S REPORT
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) FOR DISCUSSION: **FISCAL YEAR 2003-2004 FOURTH QUARTER FINANCIAL UPDATE**
(Gregg Sass, Chief Finance Officer, DPH)
**Update*

6) FOR DISCUSSION: **PRESENTATION OF THE HEALTHY KIDS, HEALTHY FAMILIES AND MEDI-CAL FOR CHILDREN UPDATE**
(Jim Soos, Senior Health Planner, and Frances Culp, Senior Health Planner, Office of Policy and Planning)
**Update*

7) FOR ACTION: **REVIEW OF THE DEPARTMENT OF PUBLIC HEALTH'S DRAFT STATEMENT OF INCOMPATIBLE ACTIVITIES AND APPROVAL OF SUBMISSION TO THE ETHICS COMMISSION**
(Colleen Chawla, Assistant Director of Policy and Planning)
**Draft Statement*

8) PUBLIC COMMENT**

9) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

CONFERENCE WITH LEGAL COUNSEL REGARDING LITIGATION MATTERS, ULRICH v. CCSF, FEDERAL COURT, CASE #C99-5003

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

10) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

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Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

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Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W.
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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Agenda

CANCELLATION NOTICE

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HEALTH COMMISSION MEETING

Please note that the Health Commission meeting that would have been scheduled for Tuesday, August 17, 2004 at 3:00 p.m. at 101 Grove Street, Room #300, has been cancelled.

The next regularly scheduled meeting will be Tuesday, September 7, 2004 at the same location. An agenda will follow.

For information call the Commission Office at 554-2666.

Posted July 27, 2004

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

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HEALTH COMMISSION MEETING

Tuesday, August 3, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W.
Commissioner James M. Illig
Commissioner David J. Sanchez, Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Lee Ann Monfredini, Vice President
Commissioner Michael Penn, M.D., Ph.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 20, 2004

Action Taken: The Commission (Chow, Guy, Illig, Sanchez, Umekubo) approved the minutes of the July 20, 2004 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired, and Commissioner Guy attended, the Budget Committee meeting

(3.1) **CHN-Primary Care** – Request for approval of a retroactive renewal contract with Shanti Project, in the amount of $169,680, to provide LifeLines Project services that support women living with breast cancer, for the period of July 1, 2004 through June 30, 2006.

(3.2) **PHP-AB 75 Project** – Request for approval to accept and expend retroactively a grant allocation in the amount of up to $1,694,330 from the State Department of Health Services, California Healthcare for Indigents Program, to provide reimbursement for health services delivered to indigent persons, for the term FY 2004-05.

(3.3) **PHP-Epidemiology** – Request for approval of a retroactive renewal contract with the Regents of the University of California, in the amount of $64,264, to provide for the services of a Postdoctoral Fellow, for the period of August 1, 2004 through June 30, 2005.

Secretary's Note - At the request of the Department, this item was removed from the agenda.

(3.4) **PHP-STD Prevention & Control** – Request for approval of a retroactive contract modification with the Regents of the University of California, in the amount of $172,875, for an extended contract term and an increased total of $270,875, to provide STD screening and counseling services at the Magnet Clinic, for the period of April 15, 2003 through December 31, 2004.

Commissioner Sanchez abstained from voting on this item.

(3.5) **PHP-STD Prevention and Control** – Request for approval of a retroactive new contract with Public Health Foundation Enterprises, Inc., in the amount of $77,914, to provide fiscal agency services for the STD Prevention and Control Section-YUTHE Program, targeting African-American youth between the ages of 12-24, for the period of January 1, 2004 through December 31, 2004.

Commissioners' Comments

- Commissioner Guy asked for a more detailed discussion at the Population Health and Prevention Joint Conference Committee about the YUTHE program, particularly given the recently adopted youth development policy and the fact that this is a model program.

(3.6) **AIDS OFFICE-Research** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $105,061, to provide fiscal administrative services for the "Post Marketing Surveillance for the OraQuick Rapid HIV-Antibody Test" project, for the period of July 1, 2004 through December 31, 2004.

Commissioners' Comments

- The Budget Committee accepted the offer to have the evaluation results presented to the Population Health and Prevention Joint Conference Committee in January.

(3.7) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $57,651, to provide HIV prevention services targeting defined behavioral risk groups, for the period of July 1, 2004 through December 31, 2004.

Commissioners' Comments

- Commissioner Guy asked if the service was more difficult than anticipated to provide. Mr. Boles, Executive Director of Westside Community Mental Health, said the primary reason for low productivity was inability to keep and manage staff. Over the past six months they have addressed this program through greater integration of their service delivery, but still struggle to keep staff on board.

- Commissioner Sanchez said it seemed clear that personnel changes impacted productivity and it was important that the agency requested technical assistance from DPH.

(3.8) **AIDS OFFICE-HIV Health Services -** Request for retroactive approval of the following eleven FY 2004-2005 City and County of San Francisco General Fund contracts, for a combined total of $2,301,056, for the period of July 1, 2004 through June 30, 2005 with the following agencies:

	Amount with 12% Contingency
Asian Pacific Islander Wellness Center *(Renewal)*	$ 267,317
Continuum HIV Day Services *(New Award)*	$ 346,093
Immune Enhancement Project *(New Award)*	$ 262,606
Institute For Community Health Outreach *(Renewal)*	$ 112,000
Instituto Familiar de la Raza *(Renewal)*	$ 138,438
Legal Services for Children *(Renewal)*	$ 126,245
Mission Neighborhood Health Center *(Renewal)*	$ 188,945
Positive Resource Center *(Renewal)*	$ 156,800
Project Open Hand *(New Award)*	$ 95,974
Quan Yin Healing Arts Center *(New Award)*	$ 151,266
Shanti Project *(Renewal)*	$ 455,372
Total:	**$2,301,056**

Commissioners' Comments

- Commissioner Guy asked how many agencies were not restored. Michelle Long Dixon said she would be better able to answer this after all of the restorations have been made; it is not more than five. Commissioner Guy asked for further information about what gaps would exist given the fact that not all the programs could be restored.

Commissioner Illig abstained from voting on this item.

(3.9) **AIDS OFFICE-HIV Health Services -** Request for retroactive approval of the following two FY 2004-2005 City and County of San Francisco General Fund UCSF-AIDS Health Project renewal contracts, for a combined total of $116,177 for the period of July 1, 2004 through June 30, 2005 as follows:

	Amount
Regents of the University of California, UCSF – AIDS Health Project HIV-IDU Case Management *(New Award)*	$ 70,177

Regents of the University of California, UCSF – AIDS Health Project HIV/AIDS Considering Work Project *(Renewal)*	$ 46,000
Total:	**$116,177**

Commissioner Sanchez abstained from voting on this item.

(3.10) **CHPP-Health Promotion** – Request for approval of a retroactive contract modification with San Francisco Study Center, Inc., in the amount of $357,505 for the period of July 1, 2004 through June 30, 2005, to provide fiscal sponsor services for the Tobacco Free Project Community Capacity Building Training Center, for a total contract value of $3,419,761, for the period of July 1, 2001 through June 30, 2005.

- Commissioner Guy asked that the survey results for cessation project clients be reported to the Commission. Alyonik Hrushow said she would include the results when the contract renewal for the MSA funds comes before the Budget Committee for approval.

(3.11) **BHS-MH** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $1,872,816, to provide a Single Point of Responsibility program for severely mentally ill adults, for the period of July 1, 2004 through June 30, 2005.

(3.12) **BHS-MH/SA** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $1,529,057 per year, for a total contract amount of $6,850,175, to provide mental health and substance abuse counseling and treatment services for CalWorks program participants, for the period of July 1, 2004 through June 30, 2008.

(3.13) **BHS-SA** – Request for approval of retroactive contract renewal with Center for Juvenile and Criminal Justice, Inc., in the amount of $249,250, to provide substance abuse services targeting San Francisco male parolees over 18 years old, for the period of July 1, 2004 through June 30, 2005.

Commissioners' Comments

- Commissioner Guy asked for assurances that the agency is working to address the outstanding compliance issues. Dan Macallair, Executive Director of CJCJ, said he is quite pleased with the progress, but there is more to be done internally.

Action Taken: The Commission (Chow, Guy, Illig, Sanchez, Umekubo) approved Items 3.1 and 3.2, and Items 3.4 through 3.13, of the Budget Committee Consent Calendar. Item 3.3 was removed from the agenda at the Department's request. Commissioner Sanchez abstained from voting on Items 3.4 and 3.9. Commissioner Illig abstained from voting on Item 3.8.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

DPH Budget

The Board of Supervisors passed the City's 2004-05 budget on July 27th. Overall, the Department's General Fund was decreased by $22 million. The Board restored most of the proposed service

reductions, including reductions to primary care, dialysis, medical interpreters, and AIDS services. The Board also included funding to offset the losses sustained as a result of decreased funding from the Ryan White CARE Act. DEAP reductions were partially restored and the Board of Supervisors is considering legislation to restore the remainder of the program. Administrative reductions, including the layoffs of the health center directors, were not restored.

State Budget

On Saturday, July 31st, Governor Schwarzenegger signed the 2004-05 State budget. The final budget for health services contains very few of the reductions in health services that the Governor proposed in January. The most notable January proposals that were rejected in the final budget are Medi-Cal provider rate reductions, reductions in federally qualified health center reimbursement, and enrollment caps for several health programs, including Healthy Families, Medi-Cal for immigrants, the AIDS Drug Assistance Program and the California Children's Services program.

The final budget did, however, eliminate funding to local mental health programs for the Children's System of Care (CSOC) Program. Though the Legislature had restored funding for this program in the budget it submitted to the Governor, the Governor used his line item veto authority to eliminate this funding. The Department estimates that the final budget will result in a loss of approximately $500,000 (attributable to the elimination of the CSOC program), substantially less than the $5.3 million in estimated losses the Governor's January budget would have produced.

Other State News

The Schwarzenegger Administration has decided to delay release of their Medi-Cal Reform proposal, originally scheduled to be released August 2nd, until January 2005. The State had originally undertaken a process to redesign Medi-Cal in order to contain costs and enact operational efficiencies. However, these issues are large and complex and are taking longer to work through than the State had originally anticipated. Among the issues that are most troublesome is hospital refinancing. Because the federal government is trying to reduce states' reliance on intergovernmental transfers (the mechanism that funds California's disproportionate share hospital (DSH) program and the SB 1255 supplemental payment program), the State is looking to devise an alternative payment structure for the State's safety net hospitals that will maintain existing levels of funding.

The recommendations of the California Performance Review (CPR) were formally presented to the Governor today. The 2,500-page plan proposes to consolidate 11 agencies and 79 departments into 11 departments and cut growth in state employment by 12,000 positions by 2010 while eliminating 118 boards and commissions to save an estimated $32 billion over the next five years. Several legislators and analysts have expressed concern about the CPR plan, stating that it contains several restructuring proposals that are unrealistic or have already been rejected by the Legislature. Dr. Katz will be reviewing the health-related recommendations and will provide the Commission with a summary in a future report.

Sister City Program with Curitiba, Brazil

San Francisco has been selected by the Centers for Disease Control and Prevention and the National Association of State and Territorial AIDS Directors as a Sister City to Curitiba, Brazil in the fight against the spread of HIV/AIDS. These agencies are sponsoring five state-to-state or city-to-city partnerships between the two countries to foster improvement in the monitoring and evaluation of HIV prevention programs through shared and complementary experiences and expertise. The U.S. jurisdictions selected are the States of New York, Massachusetts and Louisiana and the cities of San Francisco, California and Laredo, Texas. San Francisco will host a visiting delegation of Brazilian AIDS directors, along with national and local monitoring and evaluation specialists from August 16th

through August 18th. Later in the year, a San Francisco delegation will visit Curitiba. This honor continues to reinforce San Francisco as a City of Excellence in AIDS prevention and research.

CBHS SOC Trainings

Community Behavioral Health Services System of Care Training Committee has two upcoming trainings for health care professionals. "What Every Substance Abuse Counselor (and Mental Health Clinician) Needs to Know to Treat Co-Occurring Disorders: Dilemmas in Diagnosis, Denial and Documentation" on Thursday August 19, 2004 and "Completing the Yellow Brick Road: Creating Transgender Appropriate Services in Your Agency, Program, or Practice" on Friday September 24. Both trainings are being presented at the Hiram Johnson State Building. For more information contact Junko Craft at 255-3620.

Black Nurses Association

The National Black Nurses Association, representing 150,000 African American nurses from the US, Eastern Caribbean and Africa, is hosting its Annual Institute and Conference here in San Francisco beginning August 4th through August 8th. The theme of the Conference is "Evidence Based Research for Successful Aging." As a preview to the Conference, the Black Nurses Association sponsored a free "Healthy Aging" health fair today at the Bayview Hunters Point Adult Day Health Center. The Health Commissioners join Dr. Katz in congratulating members of San Francisco's Black Nurses Association and wish them success in this week's conference.

Commissioners' Comments

- Commissioner Umekubo said that Dr. Katz's story underscores the fact that the medical model is reactive and does not recognize prevention.

- Commissioner Guy said it is clear that the public supports public health funding, yet every year the DPH budget is cut and then restored. She urged the Commission and the Department to suggest to the Mayor and Board of Supervisors a different way of doing things than every year removing then reinstating the same items. Dr. Katz said that the fact that the Department has to propose program cuts that then are reinstated has a negative impact, and if there were another approach, he would welcome it.

- Commissioner Illig asked that the final budget restorations be presented to the Commission in the same format at the proposed budget, so that people can clearly see which of the recommendations were adopted.

- Commissioner Chow said SFGH has the opportunity as a teaching institution to discuss the broader issues of health and support this through the training curriculum. Commissioner Chow asked Dr. Katz to comment on the reports that the Fire Department is considering changes to EMS services. Dr. Katz said the Fire Department convened a group of stakeholders that developed a report with a variety of alternatives, from infusing funds to hiring additional paramedics to privatizing ambulance services. Dr. Katz has met with the Fire Chief and the options will be costed out, and the information brought to the Health and Fire Commissions. This will happen in the next 90 days. It is likely that there will be changes. Any change in the system from its current configuration must be approved by the Health Commission.

- Commissioner Guy is please that the paramedics issue will be addressed promptly. It is critical that the Department has all the costs.

5) FISCAL YEAR 2003-2004 FOURTH QUARTER FINANCIAL UPDATE

Gregg Sass, DPH Chief Financial Officer, presented the FY 2003-2004 4th Quarter Financial Report. Projections are based on revenue collected and billed, and expenses incurred for the twelve months of the fiscal year ending June 30, 2004. The Department is forecasting a larger than expected surplus for the fiscal year, which is primarily the result of favorable revenues at SFGH and LHH. Surplus revenues have enabled the Department to accommodate cuts in the General Fund and at the same time avoid deep cuts in services to patients. The following table summarizes financial results for the year:

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Department of Public Health							
SFGH	$ 517,240,000	$ 499,469,000	(17,771,000)	$ 517,240,000	$ 490,979,000	26,261,000	8,490,000
SB855 Adjustment	$ (98,225,000)	$ (69,384,000)	$ 28,841,000	$ (98,225,000)	$ (69,384,000)	(28,841,000)	-
SFGH Adjusted	$ 419,015,000	$ 430,085,000	11,070,000	$ 419,015,000	$ 421,595,000	$ (2,580,000)	$ 8,490,000
Laguna Honda	149,033,000	149,699,000	666,000	149,033,000	148,220,000	813,000	1,479,000
Primary Care	45,830,000	45,061,000	(769,000)	45,830,000	45,510,000	320,000	(449,000)
Health at Home	4,586,000	4,923,000	337,000	4,586,000	4,762,000	(176,000)	161,000
Jail Health	22,105,000	22,084,000	(21,000)	22,105,000	23,495,000	(1,390,000)	(1,411,000)
Public Health	90,733,000	89,371,000	(1,362,000)	90,733,000	87,486,000	3,247,000	1,885,000
Mental Health	170,435,000	171,619,000	1,184,000	170,435,000	171,215,000	(780,000)	404,000
Substance Abuse	63,181,000	58,969,000	(4,212,000)	63,181,000	62,439,000	742,000	(3,470,000)
TOTAL DPH	964,918,000	971,811,000	6,893,000	964,918,000	964,722,000	196,000	7,089,000

(1) The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carry forwards from prior year, Inter Governmental Transfer (IGT) for SB855, Transfer In and Project Related expenses.

Mr. Sass described some of the highlights of the report. The year-end deficit for Jail Health Services is less than expected. An audit of the Proposition 36 program resulted in unexpected adjustments. The State auditors have proposed disallowing $3.9 million in start-up costs incurred in the first two years of the program. The Department will appeal.

Commissioners' Comments

- Commissioner Illig asked if grants are included in this financial report. Mr. Sass said that grants are administered separately and are not included in this presentation. He will schedule a separate presentation on the grants process.

- Commissioner Illig asked if the Department could continue to depend on these additional revenues every year. Mr. Sass said that most elements of reimbursement are fixed and prospective, so that limits these kinds of unexpected settlements. At the same time there is still a tendency on the part of finance staff to be conservative, so this has a general tendency to result in good budget news. He reminded the Commission that next year's budget fixed many structural problems, which will minimize the need to depend on addition revenues to cover costs. Commissioner Illig is concerned that so much money was used to buy capacity for the Proposition 36 program. Dr. Katz said that the program was developed rapidly in response to the State timeline, and it could have been done better. Mr. Sass added that Proposition 36 contracts are now fee-for-service.

- Commissioner Guy is pleased to see the revenue collection data. It is important that the public knows that the Department aggressively collects money.

6) PRESENTATION OF THE HEALTHY KIDS, HEALTHY FAMILIES AND MEDI-CAL FOR CHILDREN UPDATE

Jim Soos, Senior Health Planner, Frances Culp, Senior Health Planner, Office of Policy and Planning, and Jean Frasier, CEO of San Francisco Health Plan (SFHP), presented an overview of San Francisco's health coverage programs for children, youth and youth adults. There are three programs: Medi-Cal for children to age 21, Healthy Families to age 19 and Healthy Kids to age 19. Between these three programs, comprehensive medical, dental and vision care is provided to children and youth whose family earns up to 300% of the federal poverty level, regardless of immigration status. Medi-Cal and Healthy Families are funded by a State/Federal match. Healthy Kids is exclusive to San Francisco and funded through the General Fund and First 5 San Francisco. Healthy Kids will cost San Francisco $7.8 million this year.

Ms. Culp provided data on program enrollment, by race and ethnicity, neighborhood, health plan and medical group.

Ms. Frasier presented utilization data based on HEDIS measures. Utilization is good in all SFHP programs, but rates for well-child and well-adolescent visits could improve. Ms. Frasier described some of SFHP's efforts to improve preventive care. They have established a well-child incentive program to improve well-check rates for 3-6 year olds that includes a gift certificate to Toys R Us. They have a similar program targeted toward 12-21 year olds, with free movie passes as the incentive. They also have an Immunization Incentive Program and Prenatal Incentive Program. Ms. Frasier also presented member satisfaction survey data.

Mr. Soos described the Next Steps:

- Participate in Medi-Cal Redesign
- Get AB 495 federal money for Healthy Kids
- Evaluate premium changes in Healthy Kids and Healthy Families
- Continue to work on parental coverage
- Extend Healthy Kids to 19-24 year olds

Commissioners' Comments

- Commissioner Chow asked if there is a potential for Medi-Cal to cover people over 21 years of age. Ms. Frasier said there is no Medi-Cal benefit between the ages of 21 and 65 unless a person falls into one of the qualifying categories, i.e. blind, disabled, parent of a minor. Mr. Soos clarified that the intent of the program is to only use local funds to provide coverage if other sources of coverage are unavailable.

- Commissioner Illig is impressed by the scope of coverage San Francisco provides. He asked how other counties deal with undocumented youth. Mr. Soos replied that some counties, such as Santa Clara, Alameda and San Mateo, cover undocumented individuals. Other counties do not provide coverage through Healthy Kids.

- Commissioner Sanchez said it is very critical to cover people up to the age of 24. This is a very vulnerable time. He would like to see data over time to see how successfully the Department and the Health Plan enroll this group of people.

- Commissioner Guy wants the Commission to support the elements of Medi-Cal redesign that the Department is advocating for. With regard to the outreach funds, she asked if the reduction in funding would adversely affect the program. Ms. Frasier said it should not adversely affect their efforts.

- Commissioner Umekubo asked if the application process has been streamlined, and if so has this resulted in increased enrollment. Ms. Culp said that Medi-Cal and Healthy Families ask for a lot of supporting documentation that is not submitted, and this is one reason why applications are deemed incomplete and denied. The CAAs help people through this process.

- Commissioner Chow complemented DPH staff and SFHP staff for making huge strides toward universal healthcare for children. He thanked Ms. Frasier for developing a simplified client satisfaction survey.

7) **REVIEW OF THE DEPARTMENT OF PUBLIC HEALTH'S DRAFT STATEMENT OF INCOMPATIBLE ACTIVITIES AND APPROVAL OF SUBMISSION TO THE ETHICS COMMISSION**

With the agreement of the Commission, this item was deferred to a future meeting so that the Commissioners could provide their comments to the Health Commission Executive Secretary.

8) **PUBLIC COMMENT**

None.

9) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Chow, Guy, Illig, Sanchez, Umekubo) voted to hold a closed session.

The Commission went into closed session at 5:40 p.m. Present in closed session were Commissioners Guy, Chow, Illig, Sanchez and Umekubo; Mitch Katz, M.D., Director of Health, (left at 5:50 p.m.), Karen Kirby, Deputy City Attorney; Jonathan Lee, Deputy City Attorney; Joanne Hoeper, Deputy City Attorney; Aleeta Van Runkle, Deputy City Attorney and Michele Olson, Health Commission Executive Secretary.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

D) Reconvene in Open Session

The Commission reconvened in open session at 6:20 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Illig, Sanchez, Umekubo) voted not to disclose any or all discussions held in closed session.

10) ADJOURNMENT

The meeting was adjourned at 6:20 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

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San Francisco, CA 94102

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, September 7, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF AUGUST 3, 2004**
**Minutes of the meeting of August 3, 2004*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) **PHP-Occupational & Environmental Health** – Request for approval to accept and expend a grant in the amount of $226,133, from the Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, to support the second year of a four year project to improve working conditions for day laborers in the Mission District of San Francisco for the period of September 30, 2004 to September 30, 2005.
** Calendaring memo, Grant information form*

(3.2) **PHP-AIDS Office** – Request for approval of a retroactive sole source contract renewal with Dolores Street Community Services, in the amount of $65,850, to provide HIV peer advocacy and health education services targeting monolingual Latino immigrant men, for the period of September 30, 2003 through September 2004.
* *Contract summary, Monitoring report summary/memo, Client demographic information form*

(3.3) **PHP-Violence Prevention** – Request for approval of a retroactive renewal contract with the San Francisco Study Center, Inc., in the amount of $106,086, to provide program support services to the DPH Violence Prevention Program, for the period of July 1, 2004 through June 30, 2005.
* *Contract summary, Monitoring report summary*

(3.4) **BHS-CYF Section** – Request for approval of thirteen retroactive renewal contracts for the Family Mosaic Project totaling $1,015,961, to provide various wrap-around services targeting seriously emotionally disturbed children, for the period of July 1, 2004 through June 30, 2005, with the following agencies: Alternative Family Services, Brainstorm Tutoring, Edgewood Center for Children & Families, Families First, Heritage Residential Treatment Center, High Gear Achievers, Island View Residential Inc., National Deaf Academy, New College of California, Occupational Therapy Training Program/Special Services for Groups, RISE Institute, Seneca Center and Victor Treatment Centers.
* *Contract summary*

(3.5) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Instituto Familiar de la Raza, Inc., in the amount of $1,304,899, for fiscal intermediary services for individual service providers of youth, children's and family mental health services, for the period of July 1, 2004 through December 31, 2004.
* *Contract summary, Performance review memo*

(3.6) **BHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with New Leaf: Services for Our Community, in the amount of $1,485,434 per year, for a total contract value of $5,941,736, to provide outpatient substance abuse and mental health services targeting lesbian, gay, bisexual and transgender communities, for the period of July 1, 2004 through June 30, 2008.
* *Contract summary, Monitoring report summaries, Corrective action plan, Client demographic information forms*

(3.7) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Family Service Agency, in the amount of $5,690,602, to provide mental health services, for the period of July 1, 2004 through June 30, 2005.
* *Contract summary, Plan of Correction memo, Monitoring report summaries, Client demographic information forms*

(3.8) **BHS-Substance Abuse** – Request for approval of a retroactive contract modification decrease with Mt. St. Joseph-St. Elizabeth, in the amount of $202,212 per year reducing the total contract value to $3,691,892, to provide substance abuse services, for the period of July 1, 2003 through June 30, 2007.
* *Contract summary, Monitoring report summaries, Client demographic information forms*

(3.9) **BHS** – Request for approval of a retroactive contract renewal with Positive Resource Center, in the amount of $392,200, to provide advocacy and training services for disabled, uninsured clients, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Client demographic information form*

(3.10) **CHS** – Request for approval of a retroactive renewal contract with AmeriChoice, in the amount of $368,800, to provide fiscal intermediary services to the Personal Assisted Employment Services for dental services, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Client demographic information form, Monitoring report summary*

(3.11) **DPH**- Annual Report of Gifts Received in FY 03-04.
**Annual Gift Report*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION URGING SUPPORT OF PROPOSITION 72, REGARDING HEALTHCARE COVERAGE REQUIREMENTS**
(Colleen Chawla, Assistant Director of Policy and Planning)
**Draft Resolution*

6) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION URGING SUPPORT OF PROPOSITION 63, THE MENTAL HEALTH SERVICES ACT**
(Colleen Chawla, Assistant Director of Policy and Planning)
**Draft Resolution*

7) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION REGARDING MEDI-CAL REDESIGN**
(Colleen Chawla, Assistant Director of Policy and Planning)
**Draft Resolution*

8) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION URGING SUPPORT OF PROPOSITION 67, THE EMERGENCY MEDICAL CARE INITIATIVE**
(Colleen Chawla, Assistant Director of Policy and Planning)
**Draft Resolution*

9) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION AUTHORIZING ACCEPTACE OF A MOBILE MAMMOGRAPHY FACILITY VEHICLE AND ASSOCIATED EQUIPMENT FROM UCSF**
**Memo to Board of Supervisors, Resolution*

10) **FOR DISCUSSION:** **ENVIRONMENTAL HEALTH UPDATE**
(Rajiv Bhatia, M.D., MPH, Director of Environmental and Occupational Safety and Health)
**Update*

11) **FOR DISCUSSION:** **OVERVIEW OF JCAHO'S NEW SURVEY PROCESS**
(Gene Marie O'Connell, Executive Administrator, SFGHMC)
**Overview*

12) **PUBLIC COMMENT****

13) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $29,000 IN ESCAMILLO V. CCSF, CLAIM No. 03-04261

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

14) **CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

CONFERENCE WITH LEGAL COUNSEL REGARDING LITIGATION MATTERS – DEPARTMENT OF JUSTICE

D) Reconvene in Open Session

1) Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(a).) (Action Item)

15) **CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

CONFERENCE WITH LEGAL COUNSEL REGARDING LITIGATION MATTERS – MICHAEL LYON V. MITCH KATZ, DEPARTMENT OF PUBLIC HEALTH, ET AL, CPF-04-504376

D) Reconvene in Open Session

1) Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(a).) (Action Item)

16) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of

Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Government Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance
The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

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HEALTH COMMISSION MEETING

Tuesday, September 7, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Lee Ann Monfredini, Vice President
Commissioner Roma P. Guy, M.S.W.
Commissioner James M. Illig
Commissioner Michael L. Penn, Jr., M.D., Ph.D.
Commissioner David J. Sanchez, Jr., Ph.D.

Absent: Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF AUGUST 3, 2004

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Penn, Sanchez) approved the minutes of the August 3, 2004 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired, and Commissioner Penn and Commissioner Guy attended, the Budget Committee meeting.

(3.1) **PHP-Occupational & Environmental Health** – Request for approval to accept and expend a grant in the amount of $226,133, from the Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, to support the second year of a four year project to improve working conditions for day laborers in the Mission District of San Francisco for the period of September 30, 2004 to September 30, 2005.

(3.2) **PHP-AIDS Office** – Request for approval of a retroactive sole source contract renewal with Dolores Street Community Services, in the amount of $65,850, to provide HIV peer advocacy and health education services targeting monolingual Latino immigrant men, for the period of September 30, 2003 through September 2004.

Commissioners' Comments

- Commissioner Guy asked that the Population Health and Prevention Joint Conference Committee receive a status report on the agency's compliance with cultural competency standards. Michelle Long Dixon will prepare a written update for the September JCC meeting.

(3.3) **PHP-Violence Prevention** – Request for approval of a retroactive renewal contract with the San Francisco Study Center, Inc., in the amount of $106,086, to provide program support services to the DPH Violence Prevention Program, for the period of July 1, 2004 through June 30, 2005.

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Commissioners' Comments

- Commissioner Guy asked how outcomes are measured for this program. Dr. Rochelle Frank, Family Mosaic Clinical Director, replied that two research studies have been done, and another is currently underway, to evaluate outcomes. Ms. Peralta will provide a written summary of the evaluation findings to the Health Commission.

(3.5) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Instituto Familiar de la Raza, Inc., in the amount of $1,304,899, for fiscal intermediary services for individual service providers of youth, children's and family mental health services, for the period of July 1, 2004 through December 31, 2004.

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Secretary's Notes – the term of this contract was changed from July 1, 2004 through June 30, 2008 to July 1, 2004 through June 30, 2006.

(3.7) **BHS-Mental Health** – Request for approval of a retroactive contract renewal with Family Service Agency, in the amount of $5,690,602, to provide mental health services, for the period of July 1, 2004 through June 30, 2005.

(3.8) **BHS-Substance Abuse** – Request for approval of a retroactive contract modification decrease with Mt. St. Joseph-St. Elizabeth, in the amount of $202,212 per year reducing the total contract value to $3,691,892, to provide substance abuse services, for the period of July 1, 2003 through June 30, 2007.

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(3.11) **DPH**- Annual Report of Gifts Received in FY 03-04.

Commissioners' Comments (at the Health Commission meeting)

- Commissioner Illig asked how contracts could be approved retroactively when they were not part of a Health Commission continuing resolution. Mr. Leung replied that with some funding sources, including many federal funding agencies, the Department has no indication of whether there will be continued funding. In these cases, the Department needs to wait for word of the award before beginning the contracting process. Commissioner Illig said all contractors should be held to the same standards and City requirements, be they based in San Francisco or in Florida.

Action Taken: The Health Commission (Chow, Guy, Illig, Monfredini, Penn, Sanchez) approved the Budget Committee Consent Calendar with the modification to a two-year contract term for Item 3.6. Item 3.2 was referred to the Population Health and Prevention Joint Conference Committee.

4) DIRECTOR'S REPORT

Anne Kronenberg, Acting Director of Health, presented the Director's Report.

West Nile Virus

On Friday, September 3rd, the State Department of Health Services announced the detection of antibodies for West Nile virus (WNV) in a Western Scrub Jay found in the Presidio. This is the first infected bird found in San Francisco. This serves as a reminder that the public should take precautions to protect themselves from mosquito bites and to prevent mosquito breeding by: (1) applying mosquito repellent; (2) wearing long sleeves and pants at dawn and dusk; (3) closing windows at night or installing tight fitting screens; and (4) eliminating any sources of standing water. No locally acquired human cases of West Nile virus infection have been reported in San Francisco. Most people who become infected with WNV will not experience symptoms or become ill. About one out every 150 people infected with WNV may develop a more severe form of the illness. Older adults and individuals with lowered immune systems are at increased risk of serious complications

from WNV infection. Anyone who develops symptoms including fever, confusion, muscle weakness, severe headaches or stiff neck should seek medical care immediately.

The City's WNV preparation strategies involve public education, personal protection, provider preparation, disease surveillance, control of mosquito breeding, and the use of larvacides. The Environmental Health Section (EHS) has worked closely together and with the San Francisco Public Utilities Commission, the Department of the Environment, the Recreation and Parks Department, the Department of Public Works, and the Port to develop a West Nile Virus and Mosquito Control Plan that coordinates the City's response and addresses mosquito breeding on public property.
As part of ongoing surveillance activities, the public should report wild birds that have died recently, especially crows, ravens and birds of prey to1/877-WNV-BIRD. Questions about WNV and reports of problem mosquito breeding areas should be made to 415-252-3805 or 415-252-3806. Public information on WNV and mosquito control is available at http://www.sfdph.org/ehs and http://www.sfmosquito.org.

Eye Van
The Department of Ophthalmology at San Francisco General Hospital will begin providing mobile eye screening services to residents of San Francisco. Donated to the department by The Friends of the Congressional Glaucoma Caucus Foundation, the 28-foot eye clinic on wheels is equipped with the latest technology and will make weekly visits to CHN health centers to provide comprehensive ophthalmic screening, particularly for patients at risk for glaucoma and diabetic eye disease. In addition to screening services, the "eye van" will be used for department research activities, the first of which is The Asian Eye Study designed to identify eye diseases for which Asian Americans are at increased risk.

3 For Life Pilot Project
Beginning this month, DPH's Communicable Disease Prevention Unit will begin a yearlong "3 for Life" pilot project in partnership with the Asian Liver Center of Stanford University. DPH will offer low-cost testing for hepatitis B and vaccination for hepatitis A and B at the Richmond District YMCA, the first and third Saturdays of every month for a year. The clinic hours are from 11am to 2pm.

Hepatitis B is currently one of the top five causes of premature mortality in the Asian community in San Francisco – yet it is completely preventable through vaccination. This "3 for Life" project is very likely the only project of its kind in the country so the department is excited about this new venture to increase awareness about the silent killer of hepatitis B. A press conference will be held at the Richmond District YMCA (360 18th Avenue) at 11am on September 16th and the first clinic begins September 18th.

Disaster Registry Program Exercise
The San Francisco Department of Public Health, the San Francisco Fire Department (SFFD) and the SFFD Neighborhood Emergency Response Teams and the Volunteer Center of San Francisco will be conducting the **FIRST** functional exercise of the Disaster Registry Program (DRP) for Seniors and Persons with Disabilities on Saturday, September 18, 2004, 9:00 a.m. – 4:00 p.m.

The event will include:

- Accessing the DRP database
- Coordinating the assessment teams
- Checking DRP enrollees

DPH's Emergency Medical Services and Emergency Operations Section is coordinating this exercise and volunteers are needed to staff phone banks and visit registrants to distribute disaster preparedness information. The Department is anticipating providing support (training, transportation and refreshments) for those who can help evaluate this important component to the City's disaster response. For more information or to volunteer, please contact Ann Stangby at 355-2605 or at **ann.stangby@sfdph.org**.

LHH Clinical Leadership Appointments

Dr. Katz is pleased to announce recent clinical leadership appointments at Laguna Honda Hospital. Dr. Paul Isakson has been appointed as Medical Director, and will work with Dr. Timothy Skovrinski who will continue to serve as Assistant Medical Director. In addition, Mivic Hirose and Gayling Gee have been appointed as Co-Directors of Nursing at Laguna Honda. Dr. Katz is confident that the new clinical leadership of Laguna Honda will assure the ongoing provision of quality care for the current residents.

LHH Credentials Year-to-Date Report
7/1/04 – 8/26/04

New Appointments	0
Reinstatements	0
Withdrawal	0
Reappointments	7
Delinquencies:	0
Reappointment Denials:	0
Resigned/Retired	1
Disciplinary Action	0
Restriction/Limitation of Privileges	0
Changes in Privileges	0
Additions	0
Voluntary Relinquishments	0

Commissioners' Comments

- Commissioner Chow noted that the Department's Communicable Disease Section's use of provider faxes to communicate information about the West Nile virus was very effective. He urged them to continue to utilize this effective tool.

- Commissioner Guy asked how the eye van's time would be allocated to the various clinics. Ms. O'Connell said that the van would visit the various health centers, with visits scheduled via the clinics' scheduling systems. Commissioner Guy asked if what the Hepatitis B prevalence is in San Francisco. Colleen Chawla will get this information for the Commission.

5) CONSIDERATION OF A RESOLUTION URGING SUPPORT OF PROPOSITION 72, REGARDING HEALTHCARE COVERAGE REQUIREMENTS

Frances Culp, Health Planner, DPH Policy and Planning, presented an overview of Proposition 72. This resolution is a referendum on Senate Bill 2, which created the Health Insurance Act of 2003 to provide health coverage to specified individuals—and in some cases their dependents—who do not

receive job-based coverage and who work for large and medium employers. Proposition 72 will appear on the November 2004 ballot and, if passed, would enable SB 2 to remain in effect. If Proposition 72 fails, SB 2 would be repealed.

Reasons to support Proposition 72 and Health Care Expansion

- It is consistent with city policy of reducing the number of uninsured and increasing health insurance coverage for its residents. An analysis done by the University of California, Los Angeles found that 1.1 million Californians would gain insurance if Proposition 72 passed. At this rate, Proposition 72 would reduce the local uninsured population by approximately 21,600;
- Health Insurance improves health outcomes;
- Health Insurance reduces the strain on the health care safety net.

Commissioners' Comment

- Commissioner Illig reiterated that support of Proposition 72 means that the SB 2, health insurance expansion, can proceed. If the proposition fails, SB 2 would be repealed.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Penn, Sanchez) approved Resolution #11-04, "Supporting Proposition 72, the Health Insurance Act of 2003," (Attachment A).

6) CONSIDERATION OF A RESOLUTION URGING SUPPORT OF PROPOSITION 63, THE MENTAL HEALTH SERVICES ACT

Colleen Chawla, Assistant Director of Policy and Planning, summarized Proposition 63, the Mental Health Services Act. This proposition would establish a new one percent surcharge on taxable personal income over $1 million. The surcharge is estimated to generate $275 million is FY 2004-05, $750 million in FY 2005-06, $800 million in FY 2006-07 and increasing amounts annually thereafter.

The initiative does not include a methodology for allocating funding for couties. However, it does specify how the money can be used. For the first year, 45 percent is for education and training for the mental health workforce, 45 percent for capital facilities and technology needs, five percent for local planning and five percent for State implementation. The following year, 75 percent of the funding is use for programs, 10 percent for education and training, 10 percent for capital facilities and technological needs and five percent for innovative programs.

Reasons to support Proposition 63:

- Consistent with City policy to support appropriate and effective systems of care and treatment for San Francisco's mentally ill residents;
- There is a significant need for mental health services in San Francisco;
- Proposition 63 is based upon a service model that works. The models—AB 34/AB2034 and the Children's System of Care programs—are client-centered, family-focused and effective in promoting recovery;
- Addresses the historic unmet need for community-based services;
- Prioritizes prevention and early intervention;
- Addresses the shortage of health care professionals.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Penn, Sanchez) approved Resolution # 12-04, "Supporting Proposition 63, the Mental Health Services Act," (Attachment B)

7) CONSIDERATION OF A RESOLUTION REGARDING MEDI-CAL REDESIGN

Colleen Chawla, Assistant Director of Policy and Planning, presented a summary of Governor Schwarzenegger's Medi-Cal redesign proposal. The Schwarzenegger Administration has established several principles and objectives for the redesign including: simplify Medi-Cal eligibility, implement a tiered benefit structure; incorporate beneficiary cost-sharing; expand organized delivery systems; and identify new sources of federal funding participation.

In April, DPH brought together City departments interested in Medi-Cal for discussion about redesign. Participants included DPH, the Department of Human Services, the Department of Aging and Adult Services and the San Francisco Health Plan. San Francisco issued a comment letter (on file in the Health Commission Office) that made a number of recommendations.

Originally the Governor intended to release a Medi-Cal redesign proposal as part of his May Revise. However, the May Revise postponed the release of the proposal until August 2, 2004. In August the Administration announced a further postponement until next year's budget proposal.

Issues for Consideration

- Impact of a Section 1115 Waiver, considering all Section 1115 waivers have resulted in a cap on federal funding for state Medicaid programs that is based on historic federal payments to California.
- Safety Net Financing Issues. Preliminary analysis of the State's current proposal to restructure intergovernmental transfers indicates that is would create an annual shortfall of at least $530 million in safety net hospital financing. Shifting Medi-Cal aged, blind and disabled beneficiaries from the current fee-for-service system into managed care would further destabilize public hospitals.
- Cost-Sharing. In addition to having a significant impact on beneficiaries, the Administration's cost-sharing proposal would also increase the burden on the local safety net health care system.

The Department will continue to monitor and participate in this process.

Public Comment

- Michael Lyon submitted information about the impact that a Medi-Cal waiver would have on health care (on file in the Health Commission Office). He urged the Commission to include in its resolution having the State Legislature be forced to be part of this process, and not let the governor work directly with Washington.

Commissioners' Comments

- Commissioner Chow asked if the Department would have additional opportunity for input between now and the release of the Governor's proposal in January. Ms. Chawla replied that the California Performance Review Process would be establishing a Health and Human Services Committee that

will look at issues raised in its recently released report. She anticipates that many of the Medi-Cal redesign issues will come up during this process.

- Commissioner Guy asked if San Francisco's State legislators are aware of this proposal and involve in the discussions. Ms. Chawla said they are all aware, and she does not believe the legislature woul allow significant Medi-Cal redesign to go forward without their involvement and consent. Commissioner Guy said the Health Commission would stay apprised of this issue as it moves forwa through its Joint Conference Committees.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Penn, Sanchez) approved Resolution #13-04, "Supporting Principals for Medi-Cal Redesign," (Attachment C).

8) CONSIDERATION OF A RESOLUTION URGING SUPPORT OF PROPOSITION 67, THE EMERGENCY MEDICAL CARE INITIATIVE

Colleen Chawla, Assistant Director of Policy and Planning, summarized Proposition 67, the Emergency Medical Care Initiative. If passed, this initiative would provide funding for uncompensated emergency and trauma care and other related services. Funding for these activities would come from a new three percent surcharge on telephone calls made within California. Proposition 67 will appear on the November 2004 ballot and requires a simple majority vote to pass. Funds would be used as follows:

- 60% to reimburse hospitals for the cost of uncompensated emergency and trauma care;
- 30.5% to reimburse claims filed by physicians who are not employed by hospitals and who provide uncompensated emergency services to patients;
- 5% to nonprofit clinics that provide urgent care services to uninsured patients;
- 3.75% to the California Firefighter Joint Apprenticeship Training Program for training and related equipment for firefighters, paramedics and other first responders.

Reasons to support Proposition 67 include:

- California's emergency system is in crisis due to underfunding. In the last decade more than 60 hospital emergency rooms and trauma centers have closed and more hospital emergency rooms and trauma centers report that they are on the brink of financial collapse. Proposition 67 sponsors estimate that approximately $540 million is spent by hospitals and physicians on uncompensated emergency and trauma care each year.
- Proposition 67 would provide needed financial support for emergency medical care in California and San Francisco. It is estimated that Proposition 67 will provide between $500 million and $550 million for the emergency medical care system in California each year.
- The uninsured rely on emergency rooms as their primary source of medical care. Proposition would not only provide funding for hospital emergency rooms to help cover the cost of this care, it would also provide funding for urgent care clinics that help avoid unnecessary hospitalizations.

Public Comment

- Gladys Sandlin, San Francisco Community Clinic Consortium, spoke in support of Proposition 67.

- Paul Kivela, Coalition to Preserve Emergency Care, spoke in support of Proposition 67. The situation in emergency medical system is severe and the time to act is now.

- Mary Lou Licwinko, Executive Director of the San Francisco Medical Society, said that the Medical Society voted overwhelmingly to support Proposition 67.

- Douglas Evans, San Francisco Medical Society, spoke in support of Proposition 67.

Commissioners' Comments

- Commissioner Monfredini asked why the coalition selected a telephone surcharge as the funding mechanism. Mr. Kivela replied that there is a nexus between telephone usage and the 911 system. Commissioner Monfredini commented that some of the hospitals that would receive these funds do not do the best job providing charity care. Mr. Kivela said that there is a fund that goes to the hospitals specifically for uncompensated emergency care, and a fund for individual physicians. Commissioner Monfredini said that it is unlikely this Proposition would prevent closures of emergency rooms by hospital administrators.

- Commissioner Chow asked how funding for various community clinics would help with emergency department overcrowding, given that the clinics are often not open after hours and on weekend. Mr. Hodgson said that that the funding would help the clinics keep their doors open.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Penn, Sanchez) approved Resolution #14-04, "Supporting Proposition 67, the Emergency Medical Services Act," (Attachment D).

9) CONSIDERATION OF A RESOLUTION AUTHORIZING ACCEPTACE OF A MOBILE MAMMOGRAPHY FACILITY VEHICLE AND ASSOCIATED EQUIPMENT FROM UCSF

Gregg Sass, DPH Chief Financial Officer, presented the resolution authorizing acceptance of a Mammovan from UCSF. Since June 2001, UCSF has operated a mammovan that provides mobile mammography services to indigent and under-served women in San Francisco. In early 2004, UCSF expressed interest in donating the van, along with the associate equipment, to SFGH. SFGH will incorporate the van into the operations of the new Avon Foundation Comprehensive Breast Center at SFGH as its mobile community outreach component, targeting hard to reach segments of the San Francisco population. DPH has secured a $500,000 grant from the Avon Foundation to support the operating costs of the mammovan.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Penn, Sanchez) approved Resolution #15-04, "Resolution Authorizing the Department of Public Health, San Francisco General Hospital, to Accept a Gift of a Mobile Mammography Facility Vehicle and Associated Equipment, Valued at $432,716, Donated by the University of California, San Francisco, for Mobile Mammography Services to Indigent and Underserved Women in San Francisco," (Attachment E).

10) ENVIRONMENTAL HEALTH UPDATE

Rajiv Bhatia, M.D., MPH, Director of Environmental and Occupational Safety and Health, presented an overview of the Environmental Health Section. The Section has a multifaceted approach—ensuring its mandates, moving away from crisis management, building from current

issues, taking an interdisciplinary view, working through collaboration, translating health evidence, bridging issues and interests and ensuring program sustainability.

Dr. Bhatia and is staff provided detailed overviews of the following 2004 updates:

- Symbol of Excellence
- West Nile/Vector Control
- Rodent Abatement
- Food Safety, Sanitation and Compliance Education
- Massage Program
- Tobacco Prevention
- Noise Control and Prevention
- Asthma Management and Prevention
- Green Business
- Jornaleros Unidos
- Food Systems
- Land Use Health Impact Assessment
- EHS GIS

Public Comment

- Dr. Ahimsa Porter Sumchai, Hunters Point Shipyard Restoration Advisory Board, said RAB passed a motion that DPH formally respond to the 2002 Grand Jury Report on the shipyard. The Grand Jury recommends that DPH review what testing and monitoring has been completed or is underway.

Commissioners' Comments

- Commissioner Chow said that the Environmental Health Section provides a breadth of important services to San Francisco. He would like the Population Health and Prevention Joint Conference Committee to discuss individual programs in detail. He asked if the Department responded to the Grand Jury Report on the Hunters' Point Shipyard. Dr. Bhatia said that DPH did respond, and he will provide this information to the Joint Conference Committee. DPH also has a full-time person reviewing the plans and analyses for the Shipyard. There are ordinances proposed that would require additional monitoring on parcels.

- Commissioner Illig asked how many people work in EHS and where the funding comes from. Dr. Bhatia replied that they have approximately 120 staff. Commissioner Illig is very impressed by the magnitude of the work that is done, and looks forward to more detailed discussion at the PHP JCC.

- Commissioner Guy would like more detailed discussions about lead in schools, businesses and residences. She asked that the Symbol of Excellence Recipient be presented to the Commission.

- Commissioner Penn would like specific outcome objectives for each of the efforts. There is a small amount of people doing an incredible amount of work, and it would be helpful for the commissioners to understand the EHS priorities.

- Commissioner Sanchez appreciates the comprehensive update.

- Commissioner Chow offered several suggestions for PHP JCC topics: food safety, retail tobacco, green business initiative, rodent abatement, massage ordinance, food systems and the Hunters' Point Shipyard.

11) OVERVIEW OF JCAHO'S NEW SURVEY PROCESS

Gene Marie O'Connell, Executive Administrator, SFGHMC, gave an overview of the JCAHO survey process. Without JCAHO accreditation, the hospital cannot receive Medicare revenues. JCAHO could come in anytime after January 2005, with two weeks notice. The hospital has been preparing for JCAHO since the last survey was finished. Staff works very hard to maintain JCAHO standard.

Lawrence Marsco, RN, SFGH's JCAHO/Regulatory Affairs Manager/Patient Safety Officer, described the major change to the new survey process, which is Tracer Methodology. This is a dynamic process in which the surveyors trace a patient through the system, rather than meeting with upper management to discuss various issues. The hospital will provide a lot of information about its patient population, types of services provided, etc. JCAHO will identify systems that cross systems of care.

Ms. O'Connell concluded by saying that hospital staff is diligently preparing for the survey. A Mock Survey will be held in the beginning of November. There is a JCAHO Readiness Committee, Mock Tracers, JCAHO PEP Committee, a FAQ Committee, Medication Management month and a manager's checklist. She gave the Commission copies of a videotape that provides additional details about Tracer Methodology.

Commissioners' Comments

- Commissioner Monfredini asked how the JCAHO surveyors would be tracked while they are in the hospital, and if patients must agree to be tracked. Mr. Marsco said that patients have the right to refuse.

- Commissioner Chow asked Ms. O'Connell to clarify the role of the Health Commission. She replied that the Health Commission, as the governing body, is ultimately responsible for the hospital meeting JCAHO standards. The Commission has delegated this responsibility to her, but must hold her accountable. The San Francisco General Hospital Joint Conference Committee continues to stay apprised of JCAHO preparations.

- Commissioner Penn asked if the new methodology would be beneficial to the hospital or be a major change. Ms. O'Connell said that the surveyors will get a better sense of the population that is served by SFGH, and this will be helpful. But there are challenges.

- Commissioner Guy does not understand the rationale around moving from a number score to a pass/fail. Ms. O'Connell said there was a lot of criticism that hospitals were using scores inappropriately, and that the core issue was whether or not a hospital was meeting JCAHO standards.

- Commissioner Chow asked Ms. O'Connell to determine if the new methodology requires any additional role by the governing body. The Health Commission and the San Francisco General Hospital Joint Conference Committee are very involved in the hospital, and accreditation is extremely important.

12) **PUBLIC COMMENT**

- Alma Jean Caldwell – she is a client of SFGH Urgent Care. In December 2001, she visited the clinic and received very abusive treatment by a treating doctor. She will submit a letter more fully describing her situation. She is a victim of domestic violence and the last thing she needed was to be mistreated by a physician.

- Ronald Smith, Hospital Council of Northern California, said that next month the Hospital Council is hosting a meeting with hospitals that have gone through Tracer Methodology. He also presented a mock-up of a $1.9 million check that was given to SFGH that resulted from lawsuits filed on the City's behalf by the California Healthcare Association.

- Patrick Monette-Shaw (presented at the meeting, submitted via e-mail) - Before this Commission convenes in closed session with a City Attorney discussing agenda item 15 — the lawsuit against the City regarding Dr. Katz's unilateral change of LHH's admissions policy — I remind you: The lawsuit's paragraph 104 alleges this Commission, by your silence and inaction, appears to approve of Katz's retaliatory policy to use LHH funds appropriated by City Supervisors in the City budget earmarked for LHH's long-term skilled nursing care of the City's frail elderly, in order to pay for "patching" SFGH psychiatric patients out-of-county, which should be paid from SFGH's separate budget line-item. Two months have elapsed since the June 24 City Services Committee hearing on Katz's policy change; you've done nothing, except remain silent, as have Mayor Newsom and the Board of Supervisors. It's time to end your silence: Schedule a hearing on Katz's policy change, as Health Commissioner Illig requested on 8/26. End your inaction; act now!

13) **CLOSED SESSION:**

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Penn) voted to continue this closed session to the September 21, 2004 Health Commission meeting.

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $29,000 IN ESCAMILLO V. CCSF, CLAIM No. 03-04261

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

14) **CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Penn, Sanchez) voted to hold a closed session.

The Commission went into closed session at 7:06 p.m. Present in closed session were Commissioner Chow, Commissioner Guy, Commissioner Illig, Commissioner Monfredini, Commissioner Penn, Commissioner Sanchez (left at 7:22 p.m.), Anne Kronenberg, Acting Director of Health, Aleeta Van Runkle, Deputy City Attorney, Larry Funk, Laguna Honda Hospital Executive Administrator and Michele Olson, Health Commission Executive Secretary.

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

CONFERENCE WITH LEGAL COUNSEL REGARDING LITIGATION MATTERS – DEPARTMENT OF JUSTICE

D) Reconvene in Open Session

The Commission reconvened in open session at 7:26 p.m.

1) Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Penn) voted not to disclose discussions held in closed session.

15) **CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Penn, Sanchez) voted to hold a closed session.

The Commission went into closed session at 6:45 p.m. Present in closed session were Commissioner Chow, Commissioner Guy, Commissioner Illig, Commissioner Monfredini, Commissioner Penn, Commissioner Sanchez, Anne Kronenberg, Acting Director of Health, Aleeta Van Runkle, Deputy City Attorney, Tom Lakrtiz, Deputy City Attorney, Larry Funk, Laguna Honda Hospital Executive Administrator and Michele Olson, Health Commission Executive Secretary.

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

CONFERENCE WITH LEGAL COUNSEL REGARDING LITIGATION MATTERS – MICHAEL LYON V. MITCH KATZ, DEPARTMENT OF PUBLIC HEALTH, ET AL, CPF-04-504376

D) Reconvene in Open Session

The Commission reconvened in open session at 7:05 p.m.

1) Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Penn, Sanchez) voted not to disclose discussions held in closed session.

16) ADJOURNMENT

The meeting was adjourned at 7:28 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (5)

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 11-04

SUPPORTING PROPOSITION 72, THE HEALTH INSURANCE ACT OF 2003

WHEREAS, in San Francisco, an estimated 135,000 individuals, or 17 percent of the City's population, are uninsured; and,

WHEREAS, in 2002 approximately 6.5 million Californians under age 65 lacked health insurance coverage; and,

WHEREAS, more than 80 percent of uninsured Californians are in working families; and,

WHEREAS, the uninsured lack a usual source of care, must navigate a complex, fragmented health care delivery system and when they do seek services, their ailments are often more advanced and more difficult to treat; and,

WHEREAS, in May 1998 the Mayor's Blue Ribbon Committee on Universal Health Care issued recommendations for expanding health care coverage to uninsured San Franciscans that were supported by Resolution #23-98 of the Health Commission; and,

WHEREAS, in November 1998 the voters of the City and County of San Francisco passed Proposition J, which directs the City to assist the uninsured in obtaining affordable health care coverage; and,

WHEREAS, the City and County of San Francisco have taken the following steps to expand health care coverage since the passage of Proposition J: (1) expanded health care coverage to In-Home Support Services (IHSS) workers, (2) expanded health care coverage to all uninsured children in families with incomes under 300 percent of the federal poverty level, and (3) implemented the Health Care Accountability Ordinance; and,

WHEREAS, expanding health care coverage to San Francisco's uninsured is identified as a strategy for the Department to pursue as part of the approved Strategic Plan; and,

WHEREAS, SB 2 was signed into law in 2003 as a "pay or play" approach to increase access to health employer-based insurance for working Californians and their dependents; and,

WHEREAS, the Health Commission passed Resolution 14-03, which supported SB 2 and other State efforts to increase access to health care coverage for the uninsured; and

WHEREAS, SB 2 is expected to lead to health insurance coverage for approximately 1.1 million Californians, and approximately 21,600 San Franciscans; and,

WHEREAS, Proposition 72 is a referendum that seeks approval from the voters to retain or reject SB 2 before it goes into effect; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco supports the City's strong commitment to extending health care coverage to the uninsured; and, be it

FURTHER RESOLVED, that the Health Commission supports Proposition 72 to retain SB 2; and, be it

FURTHER RESOLVED, in accordance with the Department's Strategic Plan, that the Health Commission directs the Director of Health to provide the Board of Supervisors and the Mayor's Office with the information and support they need to effectively educate and advocate in support of Proposition 72.

I hereby certify that the San Francisco Health Commission at its meeting of September 7, 2004 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to the Health Commission

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 12-04

SUPPORTING PROPOSITION 63, THE MENTAL HEALTH SERVICES ACT

WHEREAS, there is a significant need for community-based mental health services in San Francisco; and

WHEREAS, San Franciscans with mental illness that rely on the Department of Public Health for treatment tend to be multiply-diagnosed with substance abuse disorders, homelessness, and/or acute or chronic health conditions; and

WHEREAS, a system of care that provides an integrated model of service delivery has been proven to be effective in persons with multiple and complex needs; and

WHEREAS, the Department of Public Health's Strategic Plan prioritizes care and prevention services to specific target populations, including the mentally ill; and

WHEREAS, in fiscal year 2002-03, the San Francisco Department of Public Health provided mental health services to more than 22,000 people and the numbers increase each year; and

WHEREAS, current allocations of State and federal funding for these services are insufficient to meet the demand for mental health services in San Francisco; and

WHEREAS, Proposition 63, the Mental Health Services Act, will expand access to mental health services for children, adults, and older adults currently disabled by mental illness, persons showing signs of mental illness in need of prevention services, and to families and caregivers of those affected; and

WHEREAS, Proposition 63 is estimated to raise in excess of $750 million annually for these critical mental health programs; and

WHEREAS, Proposition 63 will appear on the November 2, 2004 California ballot; and

WHEREAS, the Board of Supervisors passed Resolution Numbers 631-03 and 638-03 in support of Proposition 63 and

WHEREAS, Mayor Newsom was the first Mayor to support Proposition 63; and

WHEREAS, working in conjunction with the Mayor's Office to increase the City's advocacy efforts related to the health care safety net is identified as a strategy for the Department to pursue as part of the approved Strategic Plan; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco supports Proposition 63, the Mental Health Services Act; and, be it

FURTHER RESOLVED, in accordance with the Department's Strategic Plan, that the Health Commission directs the Director of Health to provide the Board of Supervisors and the Mayor's Office with the information and support they need to effectively educate and advocate in support of Proposition 63.

I hereby certify that the San Francisco Health Commission at its meeting of September 7, 2004 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to the Health Commission

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 13-04

SUPPORTING PRINCIPALS FOR MEDI-CAL REDESIGN

WHEREAS, Medi-Cal provides health insurance to one in six individuals in California, and more than 120,000 San Franciscans, including people with disabilities, low-income children and their families, and members of other vulnerable populations; and,

WHEREAS, Governor Schwarzenegger announced his plans to restructure the Medi-Cal program in January 2004 and intends to release a full proposal regarding the Medi-Cal Redesign in January 2005 as part of his proposed budget for fiscal year 2005-2006; and,

WHEREAS, the Redesign is to be accomplished through a Section 1115 Medicaid Demonstration Waiver, enabling the State to use federal funds in ways not otherwise permitted; and,

WHEREAS, though the Administration has cited the high costs of the Medi-Cal program as a basis for the Redesign, California's Medi-Cal spending per beneficiary in 2001 is the lowest in the nation at $2,334 per beneficiary compared to the nationwide average of $3,961; and,

WHEREAS, the Administration published the following objectives for the Redesign:

- Simplify Medi-Cal eligibility;
- Implement a tiered benefit structure;
- Incorporate beneficiary cost-sharing;
- Expand organized delivery systems; i.e., managed care, disease management; and
- Identify new sources of federal funding participation and potential efficiencies in the system; and,

WHEREAS, the City and County of San Francisco has responded in writing to the California Health and Human Services agency regarding the Redesign, expressing concern about certain tentative proposals and offering detailed suggestions for improvements to the Medi-Cal program; and,

WHEREAS, the Health Commission has three major areas of concern regarding the Redesign:

- The State's pursuit of a Section 1115 waiver will likely result in a cap on federal funding, putting the State, the health care safety net, and local public health care systems at a significant financial disadvantage, likely resulting in lower Medi-Cal enrollment, lower reimbursement, and an increase in the uninsured;

- The State's current proposal to restructure California's two Intergovernmental Transfer programs (SB 855 and SB 1255) and shift Aged, Blind and Disabled Medi-Cal beneficiaries into managed care could result in a significant loss funding for California's safety net providers; and
- The State's objective to increase cost-sharing for Medi-Cal beneficiaries by implementing premiums and increased co-payments will have a negative impact on access and appropriate utilization for current beneficiaries and discourage the enrollment of new beneficiaries, further straining the public health care safety net; and

WHEREAS, any changes to Medi-Cal will have a large impact on the State's residents and on the local safety net healthcare delivery system; now, therefore be it

RESOLVED, that the Health Commission supports in full the recommendations made by the agencies and Departments of the City and County of San Francisco in the "City and County of San Francisco Comments on Medi-Cal Redesign" letter sent to CHHS on May 7, 2004; and, be it

FURTHER RESOLVED, that the Health Commission adopts the following principles related to Medi-Cal Redesign:

- Protect eligibility for individuals who are currently eligible;
- Simplify the program for beneficiaries and providers;
- Improve quality of and access to healthcare services;
- Avoid disincentives to enrollment and service utilization, such as co-payments and premiums, for low-income beneficiaries;
- Maintain the health care safety net;
- Ensure that the financing for the health care safety net is, at a minimum, funded at current levels and is sufficiently flexible to address the needs of Medi-Cal eligibles into the future;
- Consider innovative programs that efficiently and cost-effectively address the health care needs of populations in the least restrictive settings and avoid costly inpatient services; and, be it

FURTHER RESOLVED, that Health Commission directs the Director of Health to work closely with other local agencies and providers to monitor the development of the Medi-Cal Redesign proposal and to participate in the process by communicating with the State regarding the issues involved and the likely impact of changes.

I hereby certify that the San Francisco Health Commission at its meeting of September 7, 2004 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to the Health Commission

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 14-04

SUPPORTING PROPOSITION 67, EMERGENCY MEDICAL CARE INITIATIVE

WHEREAS, it is estimated that approximately $540 million is spent on uncompensated emergency and trauma care in California each year; and

WHEREAS, the City and County of San Francisco contributes approximately $10 million for unreimbursed care in the emergency room at San Francisco General Hospital; and,

WHEREAS, Proposition 67, the Emergency Medical Care Initiative, will appear on the November 2, 2004 California ballot; and

WHEREAS, Proposition 67 is anticipated to provide between $500 and $550 million in additional funding for the emergency care system in California, including $11 million for emergency rooms, the trauma center, and health clinics in San Francisco; and

WHEREAS, working in conjunction with the Mayor's Office to increase the City's advocacy efforts related to the health care safety net is identified as a strategy for the Department to pursue as part of the approved Strategic Plan; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco supports Proposition 67, the Emergency Medical Care Initiative; and, be it

FURTHER RESOLVED, in accordance with the Department's Strategic Plan, that the Health Commission directs the Director of Health to provide the Board of Supervisors and the Mayor's Office with the information and support they need to effectively educate and advocate in support of Proposition 67.

I hereby certify that the San Francisco Health Commission at its meeting of September 7, 2004 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to the Health Commission

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 15-04

RESOLUTION AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH, SAN FRANCISCO GENERAL HOSPITAL TO ACCEPT A GIFT OF A MOBILE MAMMOGRAPHY FACILITY VEHICLE AND ASSOCIATED EQUIPMENT, VALUED AT $432,716, DONATED BY THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO FOR MOBILE MAMMOGRAPHY SERVICES TO INDIGENT AND UNDER-SERVED WOMEN IN SAN FRANCISCO.

WHEREAS, the University of California, San Francisco (UCSF) is a not-for-profit public medical academic institution engaged in the provision of health-care services to disadvantaged residents of San Francisco, among other populations; and,

WHEREAS, San Francisco General Hospital (SFGH) is a public hospital that provides health-care services to the indigent and under-served residents of San Francisco; and,

WHEREAS, the mobile mammography facility vehicle (Mammovan), including the equipment, software, peripherals, and manuals was purchased by UCSF for the purposes of providing mammography services to indigent and under-served women in San Francisco; and,

WHEREAS, SFGH has committed to continue providing mobile mammography services to indigent and under-served women in San Francisco; and

WHEREAS, SFGH has received grant funding from the Avon Foundation for the continuation of the mobile mammography project initiated by UCSF; and

WHEREAS, UCSF has agreed to arrange for smog testing of the Mammovan and all other activities required to transfer title to the Mammovan to SFGH; and

WHEREAS, SFGH agrees, as a condition of the transfer, that UCSF and the Regents of the University of California assume no responsibilities and makes no guarantees for the performance of the equipment, that the Mammovan is being transferred on an "As Is' basis without warranties as to fitness for use or merchantability, and that neither UCSF not the Regents of the University of California will be liable for any claims arising our of the possession or use of the Mammovan and associated equipment; and

WHEREAS, the Department wishes to obtain approval from the Health Commission and the Board of Supervisors to accept the gift of the Mammovan and the associated equipment; and now, therefore, be it

RESOLVED, That the Department of Public Health, San Francisco General Hospital is hereby authorized to accept a gift of the Mammovan, with a value of $432,716 from UCSF for the provision of mobile mammography services to indigent and under-served women in San Francisco.

I hereby certify that the San Francisco Health Commission at its meeting of September 7, 2004 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

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AGENDA

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HEALTH COMMISSION MEETING

Tuesday, September 21, 2004
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 7, 2004**
**Minutes of the meeting of September 7, 2004*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) **CHN-SFGH/Trauma** – Request for approval of a new contract with Gerson/Overstreet, in the amount of $520,000, to provide aeromedical access design and permitting services for the Trauma Center at San Francisco General Hospital, for the period of October 1, 2004 through December 31, 2006.
** Contract summary*

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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100 Larkin Street, 5th Floor
San Francisco, CA 94102

(3.2) **PHP-CHPP** – Request for approval of a retroactive renewal contract with Bayview Hunters Point Health and Environmental Resource Center, in the amount of $580,543, to provide preventive health outreach education, training and capacity building services on asthma and cancer, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.3) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Iris Center, in the amount of $1,093,102 per year for a total contract amount of $4,372,408, to provide outpatient, prevention and intensive outpatient substance abuse services targeting low-income women, women of color and lesbian/bisexual/transgender women, for the period of July 1, 2004 through June 30, 2008.
** Contract summary, Monitoring report summaries, Corrective action plans, Client demographic information forms*

(3.4) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Haight Ashbury Free Clinics, Inc., in the amount of $5,800,063, to provide substance abuse treatment services for residential, outpatient, day treatment, prevention and outreach programs, for the period ofJuly 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report summaries, Corrective action plans, Client demographic information forms*

(3.5) **BHS-Mental Health** – Request for approval of a retroactive renewal contract with Institute for Community Health Outreach, in the amount of $94,389, to provide HIV Early Intervention Program services, including health education and case management, targeting HIV+ people of color living in the Bayview-Hunters Point community, for the period of July 1, 2004 through December 31, 2004.
** Contract summary, Monitoring report summary, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF SEPTEMBER**

6) **FOR ACTION:** **REVIEW OF RECONFIGURATION OF EMS SERVICES IN THE FIRE DEPARTMENT AND CONSIDERATION OF A RESOLUTION**
(Mitch Katz, M.D., Health Director and Joanne Hayes-White, Fire Chief)
**Resolution*

7) **FOR ACTION:** **APPROVAL OF THE DEPARTMENT OF PUBLIC HEALTH'S DRAFT STATEMENT OF INCOMPATIBLE ACTIVITIES**
(Kathy Murphy, Deputy City Attorney)
**Draft Statement of Incompatible Activities*

8) **PUBLIC COMMENT****

9) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $100,000 IS DESHAY V. CCSF, UNLITIGATED CLAIM NO. 04-01138

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(a).) (Action Item)

10) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $29,000 IN ESCAMILLO V. CCSF, CLAIM No. 03-04261

D) Reconvene in Open Session

2. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

3. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

11) **CLOSED SESSION**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

PUBLIC EMPLOYEES PERFORMANCE EVALUATION:

DIRECTOR OF HEALTH, DR. MITCH KATZ

EXECUTIVE SECRETARY TO THE HEALTH COMMISSION, MICHELE M. OLSON

D) Reconvene in Open Session

1) Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(a).) (Action Item)

12) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of

Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

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The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

Minutes of the Health Commission Meeting

Tuesday, September 21, 2004
at 3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:20 p.m.

Present:

- Commissioner Edward A. Chow, M.D., President
  Commissioner Lee Ann Monfredini, Vice President
  Commissioner Roma P. Guy, M.S.W.
  Commissioner James M. Illig
  Commissioner David J. Sanchez, Jr., Ph.D.
  Commissioner John I. Umekubo, M.D.

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Absent:

- Commissioner Michael L. Penn, Jr., M.D., Ph.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 7, 2004

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Umekubo) approved the minutes of the September 7, 2004 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
Commissioner Sanchez chaired and Commissioner Guy attended the Budget Committee meeting.

(3.1) CHN-SFGH/Trauma – Request for approval of a new contract with Gerson/Overstreet, in the amount of $520,000, to provide aeromedical access design and permitting services for the
Trauma Center at San Francisco General Hospital, for the period of October 1, 2004 through December 31, 2006.

(3.2) PHP-CHPP – Request for approval of a retroactive renewal contract with Bayview Hunters Point Health and Environmental Resource Center, in the amount of $580,543, to provide preventive health outreach education, training and capacity building services on asthma and cancer, for the period of July 1, 2004 through June 30, 2005.

Commissioners' Comments

- Commissioner Guy asked for an explanation of the shortfalls that were described in the

monitoring report. Karen Pierce said that the issues that were identified were from the previous monitoring report and have been resolved.

(3.3) BHS-Substance Abuse – Request for approval of a retroactive contract renewal with Iris Center, in the amount of $1,093,102 per year for a total contract amount of $4,372,408, to provide outpatient, prevention and intensive outpatient substance abuse services targeting low-income women, women of color and lesbian/bisexual/transgender women, for the period of July 1, 2004 through June 30, 2008.

- Secretary's Note – this contract was modified from a four-year term to a two-year term. The period is from July 1, 2004 through June 30, 2006, and the total contract amount is $2,186,204.

(3.4) BHS-Substance Abuse – Request for approval of a retroactive contract renewal with Haight Ashbury Free Clinics, Inc., in the amount of $5,800,063, to provide substance abuse treatment services for residential, outpatient, day treatment, prevention and outreach programs, for the period o f July 1, 2004 through June 30, 2005.

Commissioners' Comments

- Commissioner Sanchez noted that the Community Health Network Joint Conference Committee received a detailed update about HAFC at its August meeting. He thanked Dr. Darryl Inaba, Executive Director of HAFC, and Tim Covington, President of HAFC's Board of Directors, for coming to the Budget Committee meeting. Dr. Inaba said that staff is committed to continuing services to the vulnerable population they serve. The organization instituted widespread fiscal controls to prevent anything like this from happening again.
- Commissioner Guy reiterated that HAFC would provide regular financial status reports to Gregg Sass, DPH Chief Financial Officer. In addition, the CHN JCC will receive quarterly report. She asked if the Board of Directors supports the steps management has taken. Mr. Covington replied that the Board is fully behind the direction management is moving. The Board has reinvented itself from an advisory body to a hands-on board, and follows program quality very carefully. The Board has embarked upon a $2.5 million fundraising campaign. Commissioner Guy asked about the Glide Outpatient program, and how program performance could improve. Rudy Aguilar, DPH Contract Manager, said that DPH has worked very closely with this program, including providing training on chart entry and reporting requirements. Commissioner Guy asked for a six-month status report to the Budget Committee on this program.
- At the Commission meeting, Commissioner Illig asked if money that is being work ordered for this contract from DHS is Care Not Cash Funding. Mr. Stillwell said it was. Other contracts have received similar funding.

(3.5) BHS-Mental Health – Request for approval of a retroactive renewal contract with Institute for Community Health Outreach, in the amount of $94,389, to provide HIV Early Intervention Program services, including health education and case management, targeting HIV+ people of color living in the Bayview-Hunters Point community, for the period of July 1, 2004 through December 31, 2004.

Commissioners' Comments

- Commissioner Guy requested that a report on the joint State/DPH monitoring be presented to the Population Health and Prevention Joint Conference Committee. Ms. Long Dixon recommended doing so in December.

Action Taken: The Health Commission (Chow, Guy, Illig, Monfredini, Sanchez, Umekubo) approved the Budget Committee Consent Calendar with the modification to a two-year contract term for Item 3.3.

Item 3.4 was referred to the Budget Committee for a six-month status report to the Budget Committee and to the Community Health Network Joint Conference Committee for quarterly updates.

Item 3.5 was referred to the Population Health and Prevention Joint Conference Committee for a follow-up report in December.

4) DIRECTOR'S REPORT
Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Mayor's Disability Council Discussion on Laguna Honda Hospital

On September 17th, the Mayor's Disability Council dedicated the majority of its meeting to a discussion of Laguna Honda Hospital (LHH). Michael Lane gave a presentation of the physical plant of LHH and our planned rebuild, Liz Gray gave a presentation of our new targeted case management program, and I spoke about our current policies and practices. Commissioner Illig was also present. Although a few negative comments were made about LHH during the hearing, especially regarding the concern that the money used to support LHH would be better spent on community-based care, the majority of council members and public speakers spoke about the need to maintain both LHH and community resources.

Governor Acts on Syringe Bills

Yesterday, Governor Schwarzenegger signed SB 1159 (Vasconcellos), called the Disease Prevention Demonstration Project, which will allow licensed pharmacists to sell up to 10 syringes to an adult without a prescription. It is well known that limited access to sterile syringes contributes to the transmission of HIV, hepatitis C, and other blood-borne infections among injection drug users, their sex partners, and their children. DPH worked closely with the Mayor's Office to assert the city's strong support of this important public health bill throughout the legislative process.

In order to participate in the Disease Prevention Demonstration Project, City Councils or County Boards of Supervisors must authorize the sale of nonprescription hypodermic needles or syringes through local ordinance. Once authorized, the local health department must maintain a list of all pharmacies participating in the program and make available to those pharmacies written information on how to access drug treatment, how to access testing and treatment for HIV and hepatitis C, and how to safely dispose of sharps waste. Pharmacies participating in the program are required to provide this information either in writing or orally to purchasers of syringes. Additionally, pharmacies must provide for safe sharps disposal by either having an onsite collection and disposal program or by making safe disposal containers available to purchasers. The Disease Prevention Demonstration Project is designed to evaluate the long-term effect of pharmacy-based syringe sales to prevent the spread of blood-borne pathogens, including HIV and hepatitis C, and requires a report to the Legislature at the end of the project. The program becomes effective January 1, 2005 and terminates on December 31, 2010.

Unfortunately, Governor Schwarzenegger vetoed another syringe access bill, AB 2871 (Berg), which would have allowed needle exchange programs to operate in cities and counties without the need for biweekly declarations of local emergency by Boards of Supervisors or City Councils. Though this has not been a problem in San Francisco, other jurisdictions have had difficulty maintaining the ongoing support of their local governing bodies that is necessary to authorize needle exchange programs.

Gordon & Betty Moore RN Internship Program

San Francisco General Hospital has been awarded a grant of $2.34 million over three years to create a Registered Nurse (RN) Internship program. The program will recruit US-educated nurses with Associate degrees nurses and foreign-trained nurses with Bachelor of Science degrees in Nursing into a six-month program that will provide extended training in specialty skills. These specialty areas include: medical-surgical; emergency; critical care; perioperative; labor & delivery; newborn nursery; and psychiatric training. It will be an intensive competency-based program that will combine specialty-focused theory with clinical preceptorship and mentorship components. Formalized preceptor training to experienced RNs who are committed to enhancing their teaching skills will be integral to the program, as will developing mentorship skills for current RN staff. I'd like to specifically recognize and thank Sue Currin, Chief Nursing Officer at SFGH, for her leadership and vision in pursuing funding opportunities for this exceptional program.

Balboa High School Bike Club

Over the summer, at the request of a student, Balboa Teen Health Center nurse practitioner Roni Robertson launched a bike club for students of Balboa High School. The Bike Hut in San Francisco and Trips for Kids in Marin County graciously lent the students and teachers bicycles and helmets, and provided safety and repair instruction. In June, July, and August, the students, teachers, and clinic staff went on three trips in San Francisco, Tennessee Valley, and China Camp. On each trip, clinic staff provided a nutritious, home cooked lunch as a way to model healthy eating and regular physical activity.

Now that school has started, the bike club continues and has become more popular. It is open to all students, regardless of ability to ride. However, none of the students owns a bike. In response, Roni and Michael Baxter of Community Health Programs for Youth wrote a $50,000 grant proposal to the California Endowment to support the bike club, including the purchase of 50 bikes, locks, helmets, and water bottles to be given to students who consistently participate. The club is also working with the San Francisco Unified School District to install a bike rack on campus. Anyone wishing to donate a new or used bike, lock, helmet, or biking equipment to the club should contact Roni Robertson or Michael Baxter at 469-4512.

3 For Life Update

As I reported at your last meeting, on September 18th, DPH launched the 3 For Life pilot project in partnership with the Asian Liver Center at Stanford University to improve awareness and early intervention for hepatitis B in San Francisco's Asian community. Of the 240,000 Asians in San Francisco, it is expected that 10% or more may be chronically infected with hepatitis B. The project offers low-cost testing for hepatitis B and vaccination for hepatitis A and B at the Richmond District YMCA, from 11am to 2pm on the first and third Saturdays of each month. The clinic debut was preceded by a highly successful press conference on

September 16th, which received coverage in most major television, radio and print media outlets.

Over 100 adults (98% of whom were Asian) came to the first clinic. In the course of the three-hour clinic, 96 people were vaccinated - the majority of whom received the combination hepatitis A and B vaccine. Every client was also tested for hepatitis B and will receive the results in one week's time from the lab at Stanford University. This was an exceptional accomplishment. Hepatitis B is currently one of the top five causes of premature mortality in the Asian community in San Francisco – yet it is completely preventable through vaccination. The 3 For Life project could save hundreds of lives through testing and vaccination.

COMMUNITY HEALTH NETWORK: SAN FRANCISCO GENERAL HOSPITAL
SEPTEMBER (From 09/13/04 MEC and 09/14/04 JCC)

	09/04	9/04 to 06/05
New Appointments	23	44
Reinstatements	0	0
Reappointments	37	89
Delinquencies:		0
Reappointment Denials:		0
Resigned/Retired:	9	50
Disciplinary Actions		0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	12	13
Voluntary Relinquishments	4	13
Proctorship Completed	10	20

Current Statistics - as of 09/1/04	
Active Staff	437
Affiliate Professionals (non-physicians)	182
Courtesy Staff	514
TOTAL MEMBERS	1,133

Applications In Process	49	
Applications Withdrawn Month of September 2004	1	2 (09/04 to 06/05)
SFGH Reappointments in Process Oct 2004 to Jan 2005	165	

Commissioners' Comments

- Commissioner Sanchez is pleased that the Moore Foundation is funding the nursing internship program at San Francisco General Hospital.
- Commissioner Illig asked if other cities have the level of needle exchange programs that we do, and if the new legislation will minimize the need for needle exchange programs. Dr. Katz said that the hope is the need for needle exchange will decrease, since people can buy needles at pharmacies. But there are certain groups the Department would still want to serve through its program, because of the other health services provided to them in addition to the provision of needles.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF SEPTEMBER

This item was continued to the October Health Commission meeting.

6) REVIEW OF RECONFIGURATION OF EMS SERVICES IN THE FIRE DEPARTMENT AND CONSIDERATION OF A RESOLUTION

Dr. Katz began the presentation by saying that he has been working with Chief Joanne Hayes-White on reconfiguration of fire-based EMS over the last few months. This has been a successful collaboration and he fully endorses the proposal.

Chief Hayes-White said that one of the priorities of her administration was to examine the Fire Department's operational configuration. One result of this examination was that the way the Department deployed medical resources was in need of work. She formed a work group in April with stakeholders to develop a new configuration. Chief Hayes-White announced that Mayor Newsom had appointed an emergency physician to the Fire Commission.

Dr. Marshall Isaacs said the goal of Chief Hayes-White's workgroup was to look at current resources and see if they could be deployed in a way that would ensure the highest quality medical care while at the same time ensuring that the paramedics and EMTs were satisfied and not overworked.

Dr. Isaacs gave a brief history of the paramedic merger that began in 1997 and an overview of the current status. The goals of the merger were: rapid paramedic response, assure adequate transport resources, and to capitalize on economies of scale with infrastructure, training and administration. Dr. Isaacs said merger planners underestimated the cultural difference, over estimated the Fire Department's physical infrastructure and that there was incomplete call data compounded by an unprecedented rise in call volume. Added to that was the inability to encourage fire fighters to cross train as paramedics, high attrition due to high ambulance call volume and the need to divert resources to emergency response after September 11. Dr. Isaacs said the merger has resulted in improved response times to critically ill patients. There are more ambulances and paramedics. There is better coordination at all levels.

EMS Chief Glenn Ortiz-Schuldt described the options analyzed by the work group, which were:

- Model 1 – Fire Department transport tier with accelerated hiring of single function (H1) paramedics
- Model 2 – All private ambulance transport
- Model 3 – Private ambulances for Code 2 runs
- Model 4 – Public/Private partnership

As a result of the discussions, another model was formed that took the best parts of each model and joined them together. That resulted in Model A.

Model A Strength

- Increase in ambulances address work load
- Transition off 24 hour ambulance shifts
- Continues revenue stream
- Retains ambulances as training platforms
- Possible savings with single function paramedics and EMTs
- Increased diversity in recruitment pools
- Creates natural farm system for recruitment of H3s and H2s
- Can match hiring to retirements
- Provides enhanced H3 job satisfaction and retention
- Creates 70 paramedic response platforms—42 engines, 24 ambulances, 4 rescue captains
- Provides career opportunities for single function paramedics and EMTs
- Enhances flexibility and efficiency
- Maintains current reliance on private providers
- Optimizes disaster response

Model A Weaknesses

- Loss of 24-hour ambulance shifts
- Overall increase of 29 FTEs

Commissioners' Comments

- Commissioner Monfredini asked how the emergency communication would change under the new configuration so that there would not be triple dispatch. Chief Hayes-White said that the move to 42 ALS engines would allow only one engine arrive, rather than both an ALS and BLS engine. Commissioner Monfredini is hoping that this new model is embraced by the Fire Department and incorporated into the culture.
- Commissioner Illig asked if the Mayor has weighed in on this. Dr. Katz said that the Mayor is supportive of Model A. Commissioner Illig asked if the hiring of single function EMTs and paramedics would just exacerbate the cultural differences. Dr. Isaacs replied that the Chief and everyone working on this are committed to preventing this from happening. Chief Fazackerley added that the Department is extremely sensitive to this. There will not be a need to create the firehouse living experience for the single-function EMTs and paramedics. They have seen improvement between cultures when expectations are clearly defined and understood. The single function positions will minimize this. Commissioner Illig asked what the current revenue stream is. Dr. Fazackerley said the Fire Department recoups approximately $16 million in ambulance revenue.
- Commissioner Guy asked what the unions' positions are on this change. Chief Fazackerley said that his understanding is that both SEIU Local 798 and SEIU Local 790 support elements of the plan, but he does not know their official opinions.
- Commissioner Sanchez said another element of emergency medical services is the availability of trauma resources once the patient is picked up. He is pleased that the Fire Department is working closely with the community colleges to recruit staff. He encouraged staff to pursue extramural funding from foundations and other entities to fund training and recruitment efforts.
- Commissioner Guy said this model presents an opportunity to rectify the some of the problems of the merger.
- Commissioner Chow asked if, under the proposed model, ALS engines would respond to

all EMS calls. Dr. Katz said this is an unresolved issue, but currently the plan is that an ALS engine would not respond to every call. Code 3 calls would get the ALS engine, then the ambulance staffed with a paramedic and the EMT. For Code 2, only the ambulance would respond. The other unresolved issue is whether the paramedic position would have the public safety retirement benefit.

Public Comment

- Larry Bradshaw, Paramedic Shop Steward for Local 790, said that he and others are worried about this plan. The key issue for success or failure is who staffs the transport tier. The latest version of the plan has civilian EMS personnel for transport tier who are paid substantially less and would be second class citizens. He asked the Commission to urge hiring EMS personnel as full uniformed personnel.
- Lori Beth Slonsky – has grave concerned about the new configuration. She asked the Commission to insist that the Fire Department hire uniformed personnel and that they be treated equally. Otherwise it would be institutional discrimination.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Umekubo) voted to continue this item to the October 26th Health Commission meeting.

7) APPROVAL OF THE DEPARTMENT OF PUBLIC HEALTH'S DRAFT STATEMENT OF INCOMPATIBLE ACTIVITIES

Kathy Murphy, Deputy City Attorney, presented the Department of Public Health's draft Statement of Incompatible Activities. This item was continued from the August 3, 2004 Health Commission meeting. The Ethics Commission will hold hearings on all departments' statements, and has final approval over the statements. The Ethics Commission may adopt the DPH statement as is, or send it back for modification. The statements are subject to meet and confer requirements. The Civil Service Commission is also holding hearings on departmental statements.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Umekubo) accepted the Draft Statement of Incompatible Activities and approved forwarding the draft statement to the Ethics Commission.

8) PUBLIC COMMENT

None.

9) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Umekubo) voted to hold a closed session.

The Commission went into closed session at 5:08 p.m. Present in closed session were Commissioner Chow, Commissioner Guy, Commissioner Illig, Commissioner Monfredini, Commissioner Sanchez, Commissioner Umekubo, Mitch Katz, M.D., Director of Health, Matthew Rothschild, Deputy City Attorney, Gene O'Connell, Executive Administrator, SFGHMC, Alison Moed, SFGH Risk Management Director and Michele Olson, Health Commission Executive Secretary.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)
APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $100,000 IN DESHAY V. CCSF, UNLITIGATED CLAIM NO. 04-01138

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Umekubo) approved the settlement in the amount of $100,000 in Deshay v. CCSF, Unlitigated Claim No. 04-01138.

D) Reconvene in Open Session

The Commission reconvened in closed session at 5:20 p.m.

Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Umekubo) voted not to disclose discussions held in closed session.

10) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Umekubo) voted to hold a closed session.

The Commission went into closed session at 5:21 p.m. Present in closed session were Commissioner Chow, Commissioner Guy, Commissioner Illig, Commissioner Monfredini, Commissioner Sanchez, Commissioner Umekubo, Mitch Katz, M.D., Director of Health, Matthew Rothschild, Deputy City Attorney and Michele Olson, Health Commission Executive Secretary.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)
APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $29,000 IN ESCAMILLO V. CCSF, CLAIM No. 03-04261

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Umekubo) approved the settlement in the amount of $29,000 in Escamillo v. CCSF, Claim No. 03-04261.

D) Reconvene in Open Session

The Commission reconvened in open session at 5:30 p.m.

Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Umekubo) voted not to disclose discussions held in closed session.

11) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Umekubo) voted to hold a closed session.

The Commission went into closed session at 5:50 p.m. Present in closed session were Commissioner Chow, Commissioner Guy, Commissioner Illig, Commissioner Monfredini, Commissioner Sanchez and Commissioner Umekubo.

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)
PUBLIC EMPLOYEES PERFORMANCE EVALUATION:

- DIRECTOR OF HEALTH, DR. MITCH KATZ
- EXECUTIVE SECRETARY TO THE HEALTH COMMISSION, MICHELE M. OLSON

D) Reconvene in Open Session

The Commission reconvened in open session at 7:20 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a) 2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Umekubo) voted not to disclose discussions held in closed session.

12) ADJOURNMENT

The meeting was adjourned at 7:20 p.m.

Michele M. Olson, Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached to the hard copy of the minutes. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

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Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

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Director of Health

Michele M. Olson
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, October 5, 2004
at
4:00 p.m.+
SUNSET MENTAL HEALTH BUILDING
1990 41st Avenue
San Francisco, CA 94116

PLEASE NOTE THE CHANGE IN TIME AND LOCATION

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 1:30 P.M. AT 101 GROVE STREET.

THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 21, 2004**
**Minutes of the meeting of September 21, 2004*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) **CHN-SFGH/Radiology** – Request for retroactive approval of two contract modifications with Medical Contracting Services and The Registry Network, Inc., to increase the combined contract amount by $825,000, from $75,000 to $900,000, to provide intermittent, as-needed, professional services of per diem and traveling radiology technologists with 7 day a week on-call availability, for San Francisco General Hospital, for the period of July 1, 2004 through June 30, 2005.
* *Contract summary*

(3.2) **PHP-Community Programs/AB 75 Project** – Request for approval of a contract renewal with AmeriChoice, in the amount of $171,638, to provide fiscal intermediary services for the FY 2004-05 CHIP Hospital and Physician Program, for the period of November 15, 2004 through March 31, 2006.
* *Contract summary, Monitoring report summary*

(3.3) **BHS-Mental Health** – Request for approval of a retroactive contract modification with the Fred Finch Youth Center, in the amount of $373,143 for FY 2004/05, for a total contract value of $2,064,001, to provide Therapeutic Behavior Services, Rate Classification Level 12 and 14, and Dual Diagnosis mental health services for adolescents, for the period of January 1, 2003 through June 30, 2005.
* *Contract summary, Client demographic information form*

(3.4) **BHS-Mental Health** – Request for approval of a retroactive renewal contract with Instituto Familiar de la Raza, Inc., to provide mental health services to children, youth, families and adults residing in San Francisco, in the amount of $1,803,761, for the period of July 1, 2004 through June 30, 2005.
* *Contract summary,*

(3.5) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Catholic Healthcare West dba St. Mary's Hospital and Medical Center, for the provision of acute psychiatric inpatient hospital services, in the amount of 1) $170,000 in City funds targeting uninsured adolescents, and 2) $3,093,539 in Medi-Cal funds for all acute inpatient hospital providers targeting Medi-Cal beneficiaries, for the period of July 1, 2004 through June 30, 2005.
* *Contract summary, Client demographic information form, Monitoring report summary*

(3.6) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Catholic Healthcare West dba Saint Francis Memorial Hospital, for the provision of 24-hour adult acute psychiatric inpatient hospital services, in the amount of 1) $50,000 in City funds targeting uninsured adults, and 2) $3,093,839 in Medi-Cal funds for all acute inpatient providers targeting Medi-Cal adult beneficiaries, for the period of July 1, 2004 through June 30, 2005.
* *Contract summary, Monitoring report summary, Client demographic information forms*

(3.7) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Ohlhoff Recovery Programs, in the amount of $388,431 per year for a four-year contract total amount of $1,553,722, to provide residential and outpatient substance abuse treatment services targeting women and adolescents, for the period of July 1, 2004 through June 30, 2008.
* *Contract summary, Monitoring report summaries, Corrective action plans, Client demographic information forms*

(3.8) **BHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with the Regents UCSF-Center on Deafness, in the amount of $477,681, to provide mental health/substance abuse outpatient services, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report summaries, Corrective action plan, Client demographic information forms*

(3.9) **CHPP-Health Promotion** – Request for approval of a contract modification with Study Center, Inc., in the amount of $390,422 for a total contract value of $3,810,183, to provide additional fiscal sponsor services for the Tobacco Free Project Community Capacity Building Training Center, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report summary, Client demographic information forms*

(3.10) **CHPP-Health Promotion** – Request for approval of a retroactive renewal contract with Polaris Research & Development, in the amount of $464,800, to provide Black Infant Health Improvement Program services targeting African American parents, for the period of July 1, 2004 through
June 30, 2005.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.11) **CHPP-AAHI** – Request for approval of a retroactive renewal contract with Black Coalition on AIDS, in the amount of $400,176, to provide fiscal agent and support services to the African American Coalition for Health Improvement and Empowerment (AACHIE) as the community partner for the DPH African American Health Initiative (AAHI), serving African Americans city-wide, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.12) **SFGH** – Resolution granting the Executive Administrator of San Francisco General Hospital the authority to administer the Adult Residential Facility and Social Rehabilitation Program at the Behavioral Health Center.
**Resolution*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF OCTOBER**
**List of Awardees*

6) **FOR DISCUSSION:** **OVERVIEW OF DPH SERVICES IN SAN FRANCISCO'S SUNSET DISTRICT AND DEMOGRAPHICS OF ZIP CODES 94116 AND 94122**
(Jim Soos, Senior Health Program Planner, Policy and Planning)
**Demographic Power Point Presentation*

7) **PUBLIC TESTIMONY ON THE HEALTH NEEDS IN THE SUNSET COMMUNITY**

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Sunset Mental Health is wheelchair accessible through the 41st Avenue entrance. The closest accessible Muni line is L-Taraval. For information about MUNI services, call 673-6864.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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Web Site: http://www.sfdph.org

MINUTES

DOCUMENTS DEPT.

OCT 20 2004

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PUBLIC LIBRARY

HEALTH COMMISSION MEETING

Tuesday, October 5, 2004
at
4:00 p.m.
SUNSET MENTAL HEALTH BUILDING
1990 41st Avenue
San Francisco, CA 94116

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 4:15 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Lee Ann Monfredini, Vice President
Commissioner Roma P. Guy, M.S.W.
Commissioner James M. Illig
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Commissioner Chow announced that, due to personal and professional reasons, Commissioner Penn has resigned from the Health Commission and the Mayor has accepted his resignation.

Commissioner Chow announced changes to the Commission's committee structure and assignments. Effective November 1, the Population Health and Prevention Joint Conference Committee and the Community Health Network Joint Conference Committee will be merged into one Joint Conference Committee. Commissioner Chow, Commissioner Guy and Commissioner Sanchez will be the members of the new committee. Commissioner Illig has been appointed to serve on the Health Commission's Budget Committee.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 21, 2004

Action Taken: The Commission approved the minutes of the September 21, 2004 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Guy attended the Budget Committee meeting.

(3.1) **CHN-SFGH/Radiology** – Request for retroactive approval of two contract modifications with Medical Contracting Services and The Registry Network, Inc., to increase the combined contract amount by $825,000, from $75,000 to $900,000, to provide intermittent, as-needed, professional services of per diem and traveling radiology technologists with 7 day a week on-call availability, for San Francisco General Hospital, for the period of July 1, 2004 through June 30, 2005.

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Commissioners' Comments

- Commissioner Guy asked if the decrease in the contract amount would have an impact on programs. Estella Garcia from Instituto Familiar de la Raza said that the funds that are being transferred from the contract were for fiscal intermediary services, which was an entirely administrative role. IFR's programs have been funded at the baseline level.

(3.5) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Catholic Healthcare West dba St. Mary's Hospital and Medical Center, for the provision of acute psychiatric inpatient hospital services, in the amount of 1) $170,000 in City funds targeting uninsured adolescents, and 2) $3,093,539 in Medi-Cal funds for all acute inpatient hospital providers targeting Medi-Cal beneficiaries, for the period of July 1, 2004 through June 30, 2005.

Commissioners' Comments

- Commissioner Sanchez asked if the "Needs Improvement" score in program compliance on the last monitoring report was an isolated incident. Ms. Bennett from Catholic Healthcare West

said it was an isolated incident, there has been a reorganization and now there is a system in place to prevent this from happening in the future.

(3.6) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Catholic Healthcare West dba Saint Francis Memorial Hospital, for the provision of 24-hour adult acute psychiatric inpatient hospital services, in the amount of 1) $50,000 in City funds targeting uninsured adults, and 2) $3,093,839 in Medi-Cal funds for all acute inpatient providers targeting Medi-Cal adult beneficiaries, for the period of July 1, 2004 through June 30, 2005.

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Secretary's note – the contract was changed from a four-year contract to a one-year contract, July 1, 2004 to June 30, 2005.

Commissioners' Comments

- Commissioner Guy asked how the agency is addressing issues raised in the corrective action plan. Barbara Farrell, Executive Director of Ohloff Recovery Programs, replied that the agency has enriched the program to make it more interesting and engaging for youth. This should be reflected in the next client satisfaction survey.

- Commissioner Sanchez was glad to see such a well-defined corrective action plan.

(3.8) **BHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with the Regents UCSF-Center on Deafness, in the amount of $477,681, to provide mental health/substance abuse outpatient services, for the period of July 1, 2004 through June 30, 2005.

Commissioners' Comments

- Commissioner Guy is interested in the strategies the Center on Deafness will use to improve outreach, and asked for a report to the Community Health Network Joint Conference Committee in six months.

(3.9) **CHPP-Health Promotion** – Request for approval of a contract modification with Study Center, Inc., in the amount of $390,422 for a total contract value of $3,810,183, to provide additional fiscal sponsor services for the Tobacco Free Project Community Capacity Building Training Center, for the period of July 1, 2004 through June 30, 2005.

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Commissioners' Comments

- Commissioner Guy asked that the client satisfaction survey results be brought to the Population Health and Prevention Joint Conference Committee in early 2005.

(3.11) **CHPP-AAHI** – Request for approval of a retroactive renewal contract with Black Coalition on AIDS, in the amount of $400,176, to provide fiscal agent and support services to the African American Coalition for Health Improvement and Empowerment (AACHIE) as the community partner for the DPH African American Health Initiative (AAHI), serving African Americans city-wide, for the period of July 1, 2004 through June 30, 2005.

(3.12) **SFGH** – Resolution granting the Executive Administrator of San Francisco General Hospital the authority to administer the Adult Residential Facility and Social Rehabilitation Program at the Behavioral Health Center.

Action Taken: The Health Commission approved the Budget Committee Consent Calendar with the modification to a one-year contract term for Item 3.7. Commissioner Illig and Commissioner Umekubo abstained from voting on Item 3.5 and Item 3.6. Commissioner Sanchez abstained from voting on Item 3.8.

Item 3.8 was referred to the Community Health Network Joint Conference Committee for a follow-up report in six months.

Item 3.10 was referred to the Population Health and Prevention Joint Conference Committee for a report in early 2005.

4) DIRECTOR'S REPORT

Mitch Katz, M.D., Director of Health, presented the Director's Report.

Chiron Loses License to Manufacture Vaccine

This morning, Chiron Corporation announced that the United Kingdom regulatory body has temporarily suspended the company's license to manufacture Fluvirin influenza virus vaccine, preventing the company from releasing any of the product during the 2004-05 flu season. DPH receives approximately 98 percent of its vaccine from Chiron. Currently, the Department is suspending all flu clinics and is awaiting instruction from the CDC regarding the possible release of a limited amount of vaccine manufactured by Aventis. As of this morning, Maxim, who receives its vaccine from Aventis, was continuing to hold flu clinics at three San Francisco sites. Two Maxim flu clinics are scheduled for tomorrow. We are advising the public to call their primary care providers regarding available flu vaccine. Dr. Katz will keep the Health Commissioners informed as this event develops.

Transitions in LHH Administration

Larry Funk, the Executive Administrator of Laguna Honda Hospital (LHH) announced yesterday that he wished to focus his work for the next several years exclusively on the LHH replacement project. To do that, he resigned as Executive Administrator of LHH effective October 31, 2004. Dr. Katz will be appointing him as a Transition Coordinator for the new building effective November 1, 2004. In this job he will supervise the choice and purchase of finishing and equipment for the new LHH and organize the transition of all clinical and support services from the old building to the new building. This is a critical assignment that follows closely Larry's commitment to the new LHH, as exemplified by his extraordinary work on Proposition A.

Dr. Katz is pleased to announce that he has appointed John Kanaley the new Executive Administrator of LHH effective November 1, 2004. John has been with DPH as Senior Associate Administrator at SFGHMC since 2000 when he was recruited from Kaiser Permanente, Fresno. John has more than 23 years of progressively responsible experience in the Health Care Administration, Building Management and Engineering / Construction Fields and hold a master's degree in Public Health from California State University Fresno.

Dr. Katz has worked very closely with John on a number of projects including the SFGH rebuild process. He is certain he will be a great leader for LHH. During the next 3 weeks Larry and John will be working together to assure an orderly transition. He congratulated both of these great staff members for their commitment to the Department.

Mildred Crear, Director of Maternal and Child Health, Retiring

Mildred Crear, Director of Maternal and Child Health (MCH), will be retiring in November 2004. Mildred began her 41 years of service to DPH in 1963 as a public health nurse. Through her visionary leadership several programs evolved that improved the health of diverse populations in San Francisco, including Family Planning, Black Infant Health, Fetal Infant Mortality Review, Child Care Health Consultant Program, and the Universal Home Visiting Program that offers every new mother a home visit from a public health nurse. Under Mildred's direction, Nutrition Services have also improved the health of women, infants, children and families. Mildred is widely and affectionately known for her ability to expand services and generate revenue, her compassion for people, inspirational leadership, and her comforting bright smile. Mildred's retirement dinner is November 19, 2004. For more information please contact Renee Anderson at Renee.Anderson@sfdph.org or Twila Brown at Twila.Brown@sfdph.org or 575-5712.

Sally Liska to Provide Hurricane Response in Haiti

Sally Liska, Director of DPH's Public Health Laboratory, has taken her vacation time to assist with hurricane response in Haiti. Sally will be providing technical assistance to help setting up laboratory capacity for monitoring enteric (cholera, typhoid, and paratyphoid) and other diseases. Dr. Katz and the Health Commission are proud to work with a competent and dedicated professional like Sally who is generously donating her time and expertise to provide assistance to communities in crisis.

TCM Grant Funded

Community Behavioral Health Services has just been awarded a Targeted Capacity Expansion grant for Methamphetamine Treatment by the federal Center for Substance Abuse Treatment. The new program will be a collaboration between Stonewall/Magnet, STOP, Continuum and CBHS to replicate and evaluate the successful UCSF methamphetamine treatment model in the Continuum setting. It was fully funded at $500,000 per year for three years. Congratulations to the CBHS team and its partners on this exciting new project.

LEAP Walkathon

The CHNs Look To End Abuse Permanently (LEAP) program will host the first annual "Walk for Healthy Relationships" walkathon and family resource fair at Sharon Meadow in Golden Gate Park on Saturday, October 30th from 10:30 to 2pm. LEAP provides domestic violence training and resources to SFGH, primary care sites and community-based clinics in San Francisco. They also maintain the CHN Intimate Partner Violence/Family Violence Web page and help design and run domestic violence support groups at SFGH. The walkathon is intended to raise awareness about domestic violence and to raise funding to support the work of the LEAP program. For more information, contact Dr. Leigh Kimberg at (415) 292-1300 or e-mail walkforheatlhyrelationships@yahoo.com.

InSPOT to Debut tomorrow

In another innovative use of the Internet, Internet Sexuality Information Services (I.S.I.S) and the STD Unit are kicking off a new partner notification option tomorrow for men who have sex with men (MSM) using peer-to-peer e-mail postcards or "e-cards." At www.inspot.org, MSM who have been diagnosed with an STD can choose from a number of hip, funny and to-the-point e-cards to let their partners know they may have been exposed as well and should get tested. The site was designed with input from community advisory members. Dr. Jeff Klausner will be hosting the press event tomorrow at 10:30 a.m. at Harvey Milk Plaza to promote the site and discuss its role in the prevention of STD. He will be joined by Deb Levine and Ted Kennedy of I.S.I.S. The Health Commissioners are welcome to attend.

Dr. Katz introduced Supervisor Fiona Ma, who thanked the Commission for having a meeting in the Sunset. She also acknowledged Dr. Katz and Terry Wong for all their hard work.

Commissioners' Comments

- Commissioner Illig commended the Department for the InSPOT website. It is a very clever way to confidentially and anonymously notify partners. Commissioner Illig would like the Health Commission to look at the grants that it receives and expends in a new way, and will examine this issue and make recommendations as a member of the Budget Committee.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF OCTOBER

Commissioner Sanchez presented the October Employee Recognition Awards:

Awardee	Division	Nominated By
Patricia Erwin, MPH	Program Manager, Newcomers Health Program	Ginger Smyly and Christina Carpenter, Community Programs
Lisa Johnson, M.D.	Medical Director Ocean Park Health Center	

6) OVERVIEW OF DPH SERVICES IN SAN FRANCISCO'S SUNSET DISTRICT AND DEMOGRAPHICS OF ZIP CODES 94116 AND 94122

Jim Soos, Senior Health Program Planner, Policy and Planning presented an overview of the demographics of the two zip codes that predominantly make up the Sunset (Attachment A).

Supervisor Ma commented about the pedestrian fatalities in the neighborhood. She works very closely with the Police Captain of the Taraval Station to try to keep the fatalities down. The Sunset district has the highest rate of ticket giving, has had two DUI stings along 19th avenue, crosswalk stings, and other efforts. She is working on installing more countdown signals.

Commissioners' Comments

- Commissioner Guy asked how many of the pedestrians who were killed resided in the two zip codes. Mr. Soos said most of the people lived in the district. She asked how families are defined. Mr. Soos said his report uses the same definition as the census—related by blood or by marriage, with or without children. Domestic partners are not included in the definition. Terry Wong, Executive Director of Sunset Mental Health, said one of the issues is multiple families living in one house, and asked if this is reflected in the household income data. Mr. Soos replied that the census looks at household income, which would include the incomes of multiple families in one household. So the income level in one household may look higher than it would be when compared with another single family. He will delve into the data further to see if this can be culled out—based on household size.

- Commissioner Chow said it is surprising that self-inflicted death is one of the top five causes of death. Do we have an explanation? Mr. Soos said he only has the raw data. Commissioner Chow would like to delve into this issue more deeply in terms of how it compares to the rest of the city, what are the actual numbers and is this issue more pressing in the community than in others that warrants additional support.

7) PUBLIC TESTIMONY ON THE HEALTH NEEDS IN THE SUNSET COMMUNITY

- Eileen Ditmer raised the issue of lack of board and care housing for clients in the Sunset and generally. When people lose their housing in this community, they do not have anyplace to go. Hotel placements are not appropriate for many DPH patients. Other places have dedicated housing that she cannot access. Commissioner Monfredini asked why not, and Ms. Ditmer replied that those slots are dedicated to agencies' own client bases, and there is plenty of demand. Dr. Katz added that he would have Marc Trotz look at the available supportive housing units.

  Commissioner Guy said to remember that the new Laguna Honda includes independent living and this should be included in the problem-solving discussion.

- Dr. Terry Wong, Director of Sunset Mental Health, said the center has 1,100 open cases and four separate programs: adult, children, socialization and dual diagnosis. There are 2,400 unduplicated clients per year. In the services they provide, they are finding that they are barely able to provide these services with the staff they have. The client population is 30% Chinese, 20% Russian, 5% Korean and 10% children. They are faced with a dilemma about preserving cultural competency. The areas of the city where Asians families are moving do not have culturally appropriate services, and the patients come to the Sunset. They are overwhelmed and unable to meet the demand. In addition, they serve a lot of children but do not have separate children's program so borrow from the adult program to provide Chinese language services to children and their families. Approximately 25% of the Chinese population they provide services to do not live in the 94122 or 94116 zip codes.

  Commissioner Monfredini asked for actual data, and Dr. Wong is in the process of getting this. Commissioner Chow wants to ensure that there is an appropriate number of bilingual staff to meet the needs of the clinic. The other issue is adding language capacity to other neighborhoods so people do not need to come all the way to the Sunset if they do not live here.

Commissioner Monfredini asked how to take this to the next level, realizing that there isn't money now, but may be in the future. Dr. Katz said this discussion should happen with Dr. Cabaj.

Commissioner Sanchez noted that there are a lot of schools and child care facilities in this area, and DPH should look at expanding Wellness Center. Dr. Wong said they provide services to the Lincoln Wellness Center, partner with the Sunset Neighborhood Beacon Center and provide on-site services to many schools.

Commissioner Chow asked for a progress report on this issue to the CHN JCC.

Commissioner Guy wants the follow up to include children's services as well.

- Sasha Mosalov – Sunset Russian Tobacco Education Project, located at Ocean Park. The program began four years ago and includes popular smoking cessation programs, media messages through the Russian television. Continue to broaden healthy living programs in the Russian Community and do workshops through Ocean Park and Jewish Community Services. Provide yoga classes, healthy eating classes

- Olga Radom, said the Russian community is invisible, but still has many problems, including depression, heart problems, cancer, diabetes, etc. There is a large population of Mongolian people that speak Russian and this community needs help. Commissioner Monfredini asked who is emigrating from Russia. Ms. Radom said it is families with kids, older folks, and often single political asylees. She gave the Commission a report that profiles the Russian-speaking Newcomer community in San Francisco (on file in the Health Commission Office). Commissioner Monfredini asked if it is acceptable in the Russian culture to acknowledge depression. Ms. Radom said many problems lead to depression, for example it is hard for older people to learn English, so this leads to a large gap between kids and older people. Also, very educated people from Russia cannot get comparable jobs here, and that is depressing.

- Patricia Simpson, patient from Ocean Park Health Center, said that she is at the clinic because she does not have insurance. She thanked the Commission for having the public health system. It has saved her life and she knows how hard it is. She said services in the Sunset make a huge difference for the patients particularly given how difficult it is to get from the Sunset to other areas of the City. From a patient point of view, access is very difficult. It took five months to get a clinic appointment, and it will take two months to get a follow-up appointment. She urged the Commission to find some way to increase the number of physicians and nurses and increase access.

- Lisa Johnson, M.D., gave the Commission a fact sheet (on file in the Health Commission Office) and reiterated other speakers' comments around access and language capacity. Her main concern is the San Francisco Health Plan. They have 2,600 SFHP enrollees, the majority of whom are healthy workers, who tend to be middle age and have health issues. People come from throughout the city because of the language capacity. She would like to establish a reasonable patient panel size and be able to limit enrollment to a level where they can provide services. Dr. Katz said that if DPH were to limit SFHP enrollments, this would have disastrous fiscal impact. If we make cuts to people with insurance, those services would still be provided, but to people with no insurance. It is true that we run open systems even though we don't have enough appointments. This is a tough issue. When the economy improves, he is committed to improving primary care.

Commissioner Illig said that other clinics in San Francisco should be considered part of our system, and the focus should move beyond DPH services. The Department should work harder to partner with all the services in San Francisco that have capacity, for example the Sister Mary Phillipa clinic. Dr. Katz said that the partnership with Sister Mary Phillipa is working quite well. He has also met with the Community Clinic Consortium about partnering on a similar model. Commissioner Chow asked that the JCC track this through reports from the Primary Care director.

- Mark Bernstein, M.D. advocated for the socialization program at Sunset Mental Health. He said they get many patients from throughout the city, and that it is a very important program. He thanked the Commission for coming to the center, and said that many patients from his program are at the meeting.

8) PUBLIC COMMENT/OTHER BUSINESS

None.

9) ADJOURNMENT

The meeting was adjourned at 5:55 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments: (1)

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

Sunset District: 94116 & 94122 Health Data 2003-04

Jim Soos, DPH Office of Policy & Planning

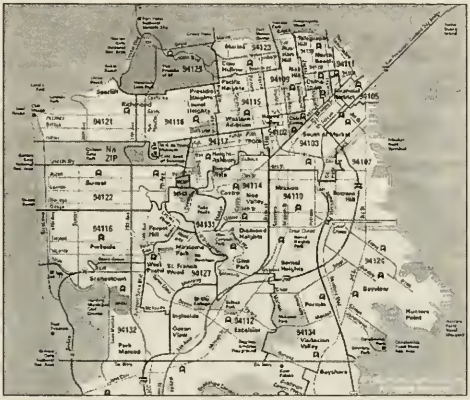
October 5, 2004

Sunset Overview

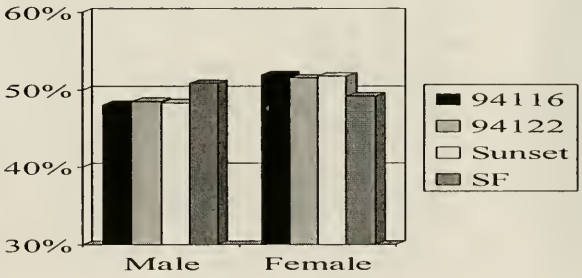
- 94116 (South – Ortega St. to Stern Grove)
- 94122 (North – GG Park to Ortega St.)
- 98,450 Total Residents (12.7% of SF)
  - 42,958 in 94116 (5.5% of SF)
  - 55,492 in 94122 (7.1% of SF)
- Mostly District 4 – Portions in Districts 5 & 7

Attachment A, p. 1

Map of San Francisco by ZIP

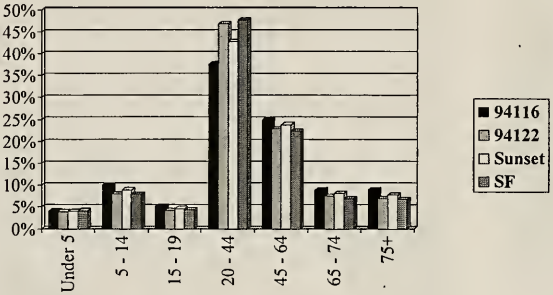


Residents by Gender

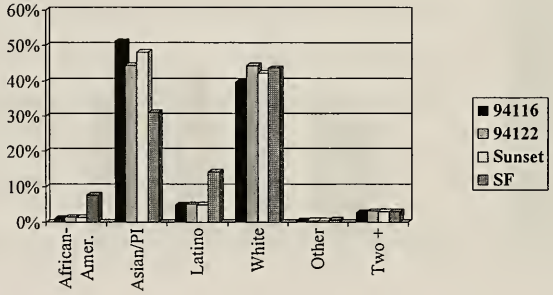


Attachment A, p. 2

Residents by Age

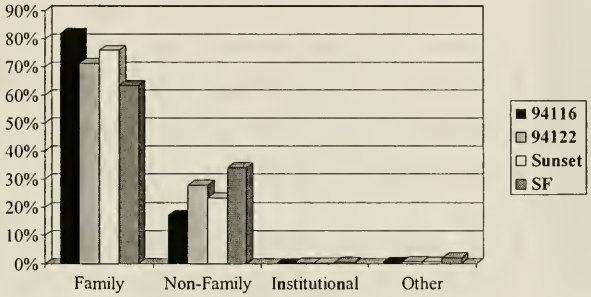


Residents by Ethnicity

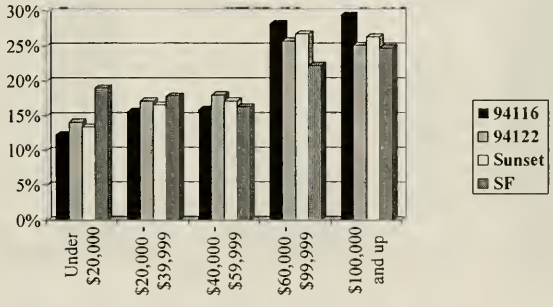


Attachment A, p-3

Residents by Household



Households by Income



Attachment A, p.4

Crime Statistics
2002 Taraval Station

- Homicides – 2 (3.4 % of City Total)
- Rapes – 15 (6.6% of City Total)
- Robberies – 186 (5.6% of City Total)
- Assaults – 126 (5.2% of City Total)
- Burglaries – 599 (9.8% of City Total)

- Roughly 125,000 (16%) of the City's population resides in Taraval Police District

2002-03 Traffic Fatalities 94116

Date	Intersection	Injuries	Fatalities
3/8/02	Taraval /21st Ave.*	0	1
12/8/02	19th Ave./Vicente	1	1
5/26/03	19th Ave./Quintara *	0	1
11/26/03	19th Ave./Taraval*	0	1

*Pedestrian/Auto Incident

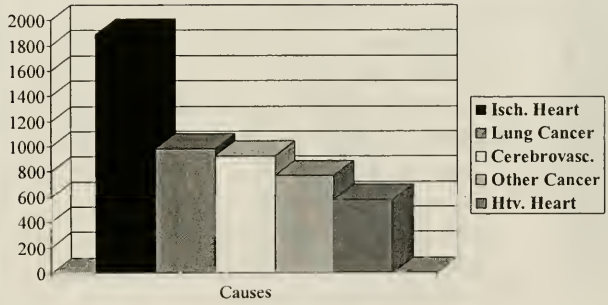
Attachment A, p 5

2002-03 Traffic Fatalities 94122

Date	Intersection	Injuries	Fatalities
5/1/02	Noriega/23rd Ave.*	2	1
5/25/02	Lincoln/19th Ave.*	0	1
10/7/02	Lincoln/48th Ave.*	0	1
12/20/02	Lincoln/37th Ave.	0	1
1/10/03	Irving/10th Ave.*	0	1
6/7/03	44th Ave./Moraga	1	1

*Pedestrian/Auto Incident

Leading Causes of Years of Life Lost in 94116



Source: Building a Healthier San Francisco, 2004

Attachment A, p. 4

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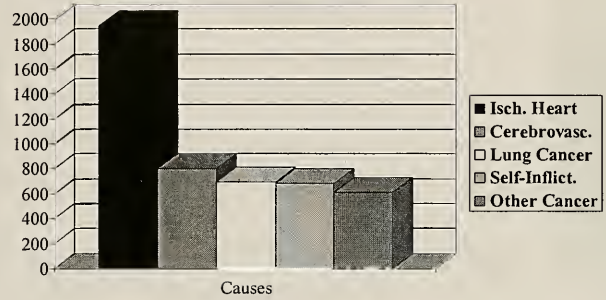


Source: Building a Healthier San Francisco, 2004

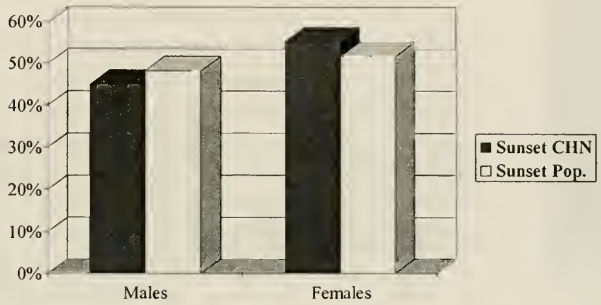
DPH Clients from the Sunset

- Hospital and Primary Care: 6,322 (5%)
  - SFGH Acute Inpatient: (4%)
  - Primary Care: (6%)
- Aging and Long-Term Care: 474 (19%)
  - Laguna Honda: 439 (26%)
  - Health At Home: 35 (5%)
- Behavioral Health Services: 2,026* (5%)
  - Mental Health: 1,756 (7%)
  - Substance Abuse: 296 (2%)
- HIV/AIDS Services: 175 (2%)

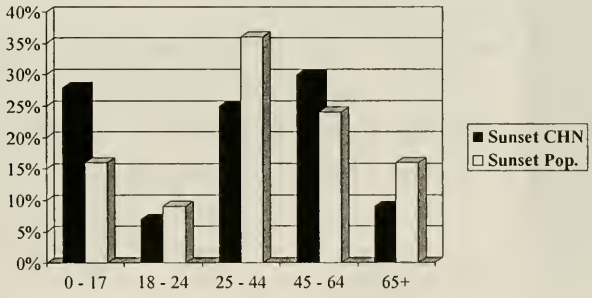
*26 clients overlap in MH and SA programs

Attachment A, p. 7

Sunset CHN Patients by Gender

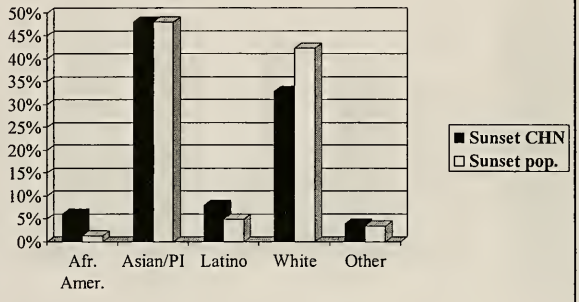


Sunset CHN Patients by Age



Attachment A, p. 8

Sunset CHN Patients by Ethnicity



Service Sites in 94116

- Behavioral Health
  - Anchor Program (MH -Contract)
  - Aspira Foster & Family Services (MH – Contract)
  - Edgewood (3 programs) (MH – Contract)
  - Sunset Mental Health Services (MH)

Attachment A, p. 9

Service Sites in 94122

- **CHN Primary Care**
  - Ocean Park Health Center
- **Behavioral Health**
  - Avenues (MH - Contract)
  - Baker Places (2 programs) (SA – Contract)
  - Freedom from Alcohol & Drugs (SA – Contract)
  - Jewish Family & Children's Services (MH – Contract)
  - Oakes Children's Center (MH – Contract)
  - Robertson Place (2 programs) (MH Contract)
  - Sunset Mental Health (MH)
- **HIV Prevention**
  - Freedom from Alcohol & Drugs (Contract)

Service Sites in 94116 & 94122

Attachment A, p. 10

Ocean Park Health Center 2003-04

- 4,188 Total Patients
  - Gender:
    - 65% female
    - 35% male
  - ZIP of residence:
    - 94122 (26%)
    - 94116 (18%)
    - 94121 (11%)
    - 94112 (10%)
    - 94132 (8%)
  - Age:
    - 0 – 5 (23%)
    - 5 – 17 (7%)
    - 18 – 24 (4%)
    - 25 – 64 (56%)
    - 65 & up (9%)
  - Ethnicity:
    - 53% Asian/PI
    - 32 % White
    - 5% African-American
    - 4% Latino
    - 6% Other/Unknown

Attachment A, P-11

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Michael L. Penn, Jr., M.D., Ph.D.
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Web Site: http://www.sfdph.org

= Agenda
= cancelled

RESCHEDULE NOTICE

FOR THE

SAN FRANCISCO HEALTH COMMISSION

The regular meeting of the San Francisco Health Commission scheduled for Tuesday, October 19, 2004 has been rescheduled to:

Tuesday, October 26, 2004
3:00 p.m.
101 Grove Street, Room 300
San Francisco, CA 94102

DOCUMENTS DEPT.

SEP 21 2004

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An agenda will follow.

For information please call the Commission Office at 554-2666.

09-21-04P04:04 RCVD

(Posted September 20, 2004)

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Vice President

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AGENDA

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OCT 20 2004

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10-20-04P01 23 RCVD

HEALTH COMMISSION MEETING

Tuesday, October 26, 2004+
at
3:00 p.m.
101 GROVE STREET
San Francisco, CA 94102

+PLEASE NOTE THAT THIS MEETING WAS RESCHEDULED FROM OCTOBER 19, 2004

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. AT 101 GROVE STREET.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 5, 2004**
**Minutes of the meeting of October 5, 2004*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) **BHS** – Request for approval to accept retroactively and expend a grant in the amount of $1,497,910, from the Substance Abuse and Mental Health Services Administration and the Center for Substance Abuse Treatment, to expand treatment capacity for methamphetamine abuse in San Francisco, for the period of September 30, 2004 to September 29, 2007, and subcontracts with

Continuum in the amount of $191,799 and with the Regents of the University of California in the amount of $1,046,569, for the same time period.
** Grant request summary, Grant information form, Budget pages*

(3.2) **PHP-AIDS Office** – Request for approval to accept retroactively and expend a grant in the amount of $1,071,520, from the Centers for Disease Control and Prevention, for morbidity and risk behavior surveillance, for the period of September 1, 2004 to May 31, 2008, and a new contract with PHFE Management Solutions, in the amount of $111,778, for the period of September 1, 2004 through May 31, 2005.
** Grant request summary, Grant information form, Budget pages*

(3.3) **PHP-STD Control Program** – Request for approval of a new retroactive contract with PHFE Management Solutions, in the amount of $140,000, to provide fiscal agency services for the STD Prevention and Control Section – Positive Reinforcement Project (PROP), targeting gay and bisexual men and other MSM who report using methamphetamines, for the period of October 1, 2004 through June 30, 2005.
** Contract summary*

(3.4) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with South of Market Health Center, in the amount of $128,801, to provide HIV prevention services, targeting defined behavioral risk populations, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Client demographic information form, Monitoring report summary and response*

(3.5) **PHP-AIDS Office** – Request for approval of three FY 2004/05 contract modifications funded by one-time Federal Office of Minority Health (FOMH) grant funds for a combined one-time total of $184,116 and General Funds totaling $24,571, for a combined total increase of $208,687, for the period of September 30, 2004 through January 31, 2005 with the following agencies:

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Dolores Street Community Center	$65,850	$5,488	$20,120	$91,458
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Regents of the University of California, UCSF – Positive Health Practice	$158,556	$13,213	$112,493	$284,262
TOTAL:	$294,846	$24,571	$184,116	$503,533

** Contract summary, Client demographic information forms, Monitoring report summaries, Response letter*

(3.6) **CHPP-Health Promotion** – Request for approval of a retroactive renewal contract with Youth Leadership Institute, in the amount of $60,659, to provide technical assistance and training services for violence and substance abuse programs, for the period of October 1, 2004 through September 30, 2005.
** Contract summary, Monitoring report summary, Cultural Competency plan, Client demographic information form*

(3.7) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Asian American Recovery Services, in the amount of $5,002,993, to provide fiscal and management oversight services for Community Behavioral Health Services, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Informational memorandum*

(3.8) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Chemical Awareness and Treatment Services Inc. (dba Community Awareness and Treatment Services, Inc.), in the amount of $6,861,429, to provide residential, transportation, drop-in and overnight intervention substance abuse services, for the period of July 1, 2004 through June 30, 2006.
** Contract summary, Monitoring report summaries, Client demographic information forms*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION APPROVING THE RECONFIGURATION OF EMS SERVICES IN THE FIRE DEPARTMENT**
(Mitch Katz, M.D., Health Director and Joanne Hayes-White, Fire Chief)
**Draft Resolution*

6) **FOR DISCUSSION:** **STRATEGIC PLAN UPDATE**
(Anne Kronenberg, Deputy Director of Health and Jim Soos, Senior Health Program Planner, Policy and Planning)
**Strategic Plan*

7) **FOR ACTION:** **APPROVAL OF SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS**
(Valerie Ng, Chief of Staff, San Francisco General Hospital)
**Bylaws*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **ADJOURNMENT**

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Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html

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REVISED AGENDA

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OCT 22 2004

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**Budget Report*

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Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html**

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Commissioner

James M. Illig
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David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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Department of Public Health

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, October 26, 2004
at
3:00 p.m.
101 GROVE STREET
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Lee Ann Monfredini, Vice President
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner James M. Illig

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 5, 2004

Action Taken: The Commission approved the minutes of the October 5, 2004 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Guy attended the Budget Committee meeting.

(3.1) **BHS** – Request for approval to accept retroactively and expend a grant in the amount of $1,497,910, from the Substance Abuse and Mental Health Services Administration and the Center for Substance Abuse Treatment, to expand treatment capacity for methamphetamine abuse in San

Francisco, for the period of September 30, 2004 to September 29, 2007, and subcontracts with Continuum in the amount of $191,799 and with the Regents of the University of California in the amount of $1,046,569, for the same time period.

(3.2) **PHP-AIDS Office** – Request for approval to accept retroactively and expend a grant in the amount of $1,071,520, from the Centers for Disease Control and Prevention, for morbidity and risk behavior surveillance, for the period of September 1, 2004 to May 31, 2008, and a new contract with PHFE Management Solutions, in the amount of $111,778, for the period of September 1, 2004 through May 31, 2005.

(3.3) **PHP-STD Control Program** – Request for approval of a new retroactive contract with PHFE Management Solutions, in the amount of $140,000, to provide fiscal agency services for the STD Prevention and Control Section – Positive Reinforcement Project (PROP), targeting gay and bisexual men and other MSM who report using methamphetamines, for the period of October 1, 2004 through June 30, 2005.

(3.4) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with South of Market Health Center, in the amount of $128,801, to provide HIV prevention services, targeting defined behavioral risk populations, for the period of July 1, 2004 through June 30, 2005.

Commissioners' Comments

- Commissioner Guy supports the Filipino Task Force on AIDS (FTFA) as it moves forward through the transition to a new executive director. She is concerned about the agency's troubles, particularly the delay in completing financial audits. There is a need in the community for the services the agency provides, and she wants to make sure the agency is on the right track. Benny Cruz-Ferma, interim co-executive director of FTFA said a preliminary audit was submitted today, with the final audit to be done in the next two weeks. He does not expect that the audit will contain any surprises. He added that the Board of Directors is beginning the search process for a permanent executive director. Melenie Eleneke, director of the transgender program, added that the firm doing the current audit will do the FY 02/03 and FY 03/04 audits as well. Commissioner Guy asked for an update at the Community Programs and Services Joint Conference Committee in January 2005.

- Commissioner Sanchez said a lot of agency staff are working free of charge to make the agency work, and this is commendable.

(3.5) **PHP-AIDS Office** – Request for approval of three FY 2004/05 contract modifications funded by one-time Federal Office of Minority Health (FOMH) grant funds for a combined one-time total of $184,116 and General Funds totaling $24,571, for a combined total increase of $208,687, for the period of September 30, 2004 through January 31, 2005 with the following agencies:

AGENCY	Original Contract Amount	General Fund Close Out Amount	FOMH One Time Amount	Total Amount
Contract Term:	9/30/03-9/29/04	10/01/04-10/31/04	9/30/04-01/31/05	9/30/03 – 01/31/05
Dolores Street Community Center	$65,850	$5,488	$20,120	$91,458
Mission Neighborhood Health Center	$70,440	$5,870	$51,503	$127,813
Regents of the University of California, UCSF – Positive Health Practice	$158,556	$13,213	$112,493	$284,262
TOTAL:	$294,846	$24,571	$184,116	$503,533

(3.6) **CHPP-Health Promotion** – Request for approval of a retroactive renewal contract with Youth Leadership Institute, in the amount of $60,659, to provide technical assistance and training services for violence and substance abuse programs, for the period of October 1, 2004 through September 30, 2005.

(3.7) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Asian American Recovery Services, in the amount of $5,002,993, to provide fiscal and management oversight services for Community Behavioral Health Services, for the period of July 1, 2004 through June 30, 2005.

(3.8) **BHS-Substance Abuse** – Request for approval of a retroactive contract renewal with Chemical Awareness and Treatment Services Inc. (dba Community Awareness and Treatment Services, Inc.), in the amount of $6,861,429, to provide residential, transportation, drop-in and overnight intervention substance abuse services, for the period of July 1, 2004 through June 30, 2006.

Action Taken: The Health Commission (Chow, Guy, Monfredini, Sanchez, Umekubo) approved the Budget Committee Consent Calendar. Commissioner Sanchez abstained from voting on Item 3.1 and Item 3.5.

Item 3.4 was referred to the Community Programs and Services Joint Conference Committee meeting for a status report in January 2005.

4) DIRECTOR'S REPORT

Mitch Katz, M.D., Director of Health, presented the Director's Report.

Flu Vaccine Update

Dr. Katz announced that DPH will receive 11,430 doses of Aventis vaccine from the State Department of Health Services tomorrow. This quantity falls far below the 65,000 doses the Department had originally ordered from Chiron Corporation whose license to manufacture Fluvirin influenza virus vaccine was suspended earlier this month. However, it is possible that additional vaccine will be reallocated to DPH.

The Department's first priority is vaccinating high risk persons who are living in congregate settings (e.g. long-term care institutions such as Laguna Honda Hospital) and their health care workers because congregate settings pose the greatest risk of epidemic spread. Beyond this, the Department is currently determining the supply and need for vaccine among our community partners. To that end the Department sent faxes to over 800 providers on Friday- pediatric and adult - asking for their vaccine status:

- Did they receive vaccine?
- Would they be willing to sell vaccine to DPH?
- Would they be willing to have non-patients in high risk groups referred to them?

To date, the Department has received 70 responses. After fulfilling the needs of high-risk persons in congregate settings, DPH will distribute the remaining vaccine according to CDC risk and survey responses. The distribution plan will be posted on the DPH website when it is finalized.

EEO/Cultural Competency Director to Retirement

Dr. Katz announced that Norm Nickens has accepted a new position as the Executive Administrator to the General Manager of the Retirement System. Norm has been with the Department of Health for ten years, first in the capacity as Assistant Director of the AIDS Office, then Deputy Director of Population Health and Prevention and for the last five years he has done an exemplary job as the Director of the Office of EEO and Cultural Competency. November 15th is Norms last day at DPH. Dr. Katz wished Norm success in his new job. The Department's loss will be the Retirement's Systems gain.

Hearts and Souls Auction

Joan Ryan's column in Sunday's Chronicle (available on www.sfgate.com) gave a glowing account of the work performed at San Francisco General Hospital and highlighted the upcoming "Heart & Soul" auction. The article featured a story about the 3-year-old son of San Francisco Giants' chief operating officer, Larry Baer, whose life was saved by the excellent work of the emergency physicians and staff at SFGH Trauma Center. November's Heart and Soul auction is expected to raise $1.5 million for the SFGH Hospital Foundation. For more information, visit the website at www.heartsinsf.com.

SAN FRANCISCO GENERAL HOSPITAL
OCTOBER
Health Commission - Director of Health Report
(From 10/04/04(Changed to 10/7/04) MEC and 10/12/04 JCC)

	10/04	07/04 to 10/04
New Appointments	31	67
Reinstatements	0	0
Reappointments	46	126
Delinquencies:		0
Reappointment Denials:		0
Resigned/Retired:	18	59
Disciplinary Actions		0
Restriction/Limitation-Privileges	0	0

Deceased	0	0
Changes in Privileges		
Additions	14	25
Voluntary Relinquishments	3	17
Proctorship Completed	10	30

Current Statistics – as of 10/1/04	
Active Staff	440
Affiliate Professionals (non-physicians)	182
Courtesy Staff	526
TOTAL MEMBERS	1,148

Applications In Process	36	
Applications Withdrawn Month of October 2004	2	3 (10/04 to 06/05)
SFGH Reappointments in Process Nov. 2004 to Feb. 2005	155	

Commissioners' Comments

- Commissioner Chow asked if the Department has the ability to separate, on a citywide basis, pediatric physicians from physicians who serve adults. Dr. Katz said that the Department is able to do that. Commissioner Chow reiterated that the DPH website will be the best place to get up-to-date information about the availability of the flu vaccine. Commissioner Chow commended Norm Nickens for his work at DPH and wished him well.

- Commissioner Umekubo asked if there would be increased resources targeted toward treating the flu, such as increased stocks of Tamiflu. Dr. Katz said he is not aware of an effort to increase Tamiflu, but he will look into this. He has been in communication with San Francisco General Hospital and other hospitals to develop surge capacity for an increased number of flu patients. Dr. Katz said that the nasal spray vaccine is a good alternative for healthy people age 4-49.

5) CONSIDERATION OF A RESOLUTION APPROVING THE RECONFIGURATION OF EMS SERVICES IN THE FIRE DEPARTMENT

EMS Chief Glenn Ortiz-Shuldt gave an overview of the reconfiguration proposal. The basic elements of the proposal are: the establishment of 42 ALS engine companies (from the current 21); dynamic deployment of ambulances with higher number of ambulances at peak times; and the use of dedicated paramedics and dedicated EMTs to staff ambulances. The Fire Department is looking forward to a number of benefits as a result of the reconfiguration. In terms of timeline, the Fire Department hopes to post for the new positions in January, test for the positions a few months later, and begin hiring as early as May or June. The Fire Department is working with the EMS Agency to develop the training curriculum.

John Brown, M.D., EMS Agency Medical Director, reviewed some of the major changes that would take place with the new configuration, including number of ambulances, lengths of shifts, number paramedics on scene and dispatch systems. Dr. Brown recommends that the quarterly reports for the reconfiguration be provided as part of the EMS quarterly reports at the Community Programs and Services Joint Conference Committee.

Public Comment

- Rich Pekelney, San Francisco Paramedic Association, said the reconfiguration is going to create a much more difficult system, which would make it more difficult to maintain quality. He is concerned that the pay and work experience between EMTs and paramedics will impact quality. The devil is in the detail, and there are no details.

Commissioners' Comments

- Commissioner Chow asked how long it would to completely roll out the new configuration. Chief Ortiz-Schultd said they are anticipating completion within 16-18 months of the first job posting.

Action Taken: The Commission (Chow, Guy, Monfredini, Sanchez, Umekubo) approved Resolution 17-04, "Approving the Reconfiguration of Emergency Medical Services in the San Francisco Fire Department," (Attachment A).

6) STRATEGIC PLAN UPDATE

Anne Kronenberg, Deputy Director of Health and Jim Soos, Senior Health Program Planner, Policy and Planning presented the Strategic Plan. Ms. Kronenberg discussed the goals, guiding principles and strategic planning process. There was little change to the goals. They are:

- San Franciscans have access to the health services they need
- Disease and injury are prevented
- Services, programs and facilities are cost-effective and resources are maximized
- Partnerships with communities are created and sustained to assess, develop, implement and advocate for health funding, policies, programs and services

The mission and vision for DPH remain unchanged. The Department has two roles: population health and clinical care. The Strategic Plan reflects Federal and State regulatory and statutory requirements and is consistent with Health Commission policies and resolutions.

The guiding principles are:

- Clear vision and mission statements
- Broad view of health
- Continue public health and health care delivery
- Use data to drive decisions
- Ensure that services are comprehensive and integrated
- Expand primary prevention
- Emphasize integration: PHP/CHN; DPH with community partners; DPH with other city departments; program contracting to improve efficiency
- Blend revenues to support integration
- Develop legislative advocacy strategies

- Recognize current fiscal realities but not be driven by them

Ms. Kronenberg said staff held 18 community meetings and three staff Town Hall meetings. There was an e-mail survey of 623 non-profit and community organizations. Staff worked with the Mayor's Office, the Board of Supervisors and hundreds of community groups and received input from 433 San Franciscans.

Mr. Soos highlighted the changes from the 2000 Strategic Plan:

- Increased emphasis on cultural competence (Objectives 1.2 & 4.1)
- Emphasis on patient flow and continuum of care (Objective 1.11)
- Explicit integration of prevention into program planning department-wide (Objective 2.3)
- Inclusion of urban planning/land use policy as a public health issue (Objective 2.5)
- Explicit inclusion of emergency/disaster preparedness responsibilities (Objective 2.6)
- Inclusion of behavioral health prevention (Objective 2.7)
- Explicit objective to ensure public health infrastructure (Objective 3.3)
- Increased emphasis on outcomes-based evaluation (Objective 3.7)
- Inclusion of business community as public health partner (Objective 4.5)

Mr. Soos thanked Alicia Neumann, a former DPH intern, for her work on the strategic plan update.

Public Comment

- Patrick Monette-Shaw – written summary attached*

Commissioners' Comments

- Commissioner Chow said the Health Commission would consider the resolution approving the Strategic Plan at the next Health Commission meeting.

- Commissioner Guy commended staff for the document. She is pleased that the plan includes complementary medicine and further develops prevention and integration. The next step is evaluation.

- Commissioner Chow was particularly pleased with the enhanced strategies around cultural competency. He hopes that with benchmarks there will be an easy way to check in to see how the Department is doing in meeting objectives.

- Commissioner Umekubo commended staff for the report, and asked if the outcomes would be reported to the Health Commission or through the Joint Conference Committees. Commissioner Chow said that both forums would be utilized.

7) APPROVAL OF SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS

Valerie Ng, Chief of Staff, San Francisco General Hospital, presented amendments to the San Francisco General Hospital Medical Staff Bylaws for 2004-2005. The Bylaws have been approved by the Meidcal Staff and reviewed by the San Francisco General Hospital Joint Conference Committee. A grid summarizing the changes is attached (Attachment B).

Commissioners' Comments

- Commissioner Umekubo said the San Francisco General Hospital Joint Conference Committee reviewed the bylaws. The amendments are important in terms of the upcoming JCAHO survey.

Action Taken: The Commission (Chow, Guy, Monfredini, Sanchez, Umekubo) approved the amendments to the San Francisco General Hospital Medical Staff Bylaws.

8) PRESENTATION OF PROPOSED FY 2004-2005 MID-YEAR BUDGET REDUCTIONS

Mitchell H. Katz, M.D., Director of Health, presented proposed mid-year budget cuts that would be implemented if San Francisco voters do not approve Propositions J and K on November 2, 2004. The City's budget for the current fiscal year was balanced on the assumptions that an increase in the sales tax (Proposition J) and a gross receipts tax (Proposition K) would be approved. If not, the City will lose $97 million in an 18-month period. The Health Department has been asked to produce a plan that would cut the DPH general fund by $23 million for the 18-month period beginning January 15, 2005.

The bulk of the $23 million in cuts are reductions that had been part of the FY 04-05 submission but had been restored by the Board of Supervisors. However, because that list did not equal the target, the Department added a substantial cut to substance abuse services. The list of proposed cuts is as follows:

Description	FY 2004-05 General Fund Savings	18 Month General Fund Savings
Redesign Substance Abuse treatments	$2,000,000	$6,000,000
Step-Down Transition for Clients in the Mission Assertive Community Treatment	253,214	805,681
Reduce Public Health Nurses	789,531	2,512,144
Restructure Primary Care Clinics	1,359,202	4,324,733
Closing Dialysis Unit	208,875	664,603
Limit mental health services to indigent clients to only those clients with a serious mental illness	673,956	2,144,406
Shanti - Emotional & Practical Support	220,996	703,169
SF AIDS Foundation/AIDS Health Project - Emotional Support Services	210,748	670,563
Positive Resources - Reentry to work Program for persons with HIV	77,000	245,000
HIV Prevention	436,872	1,390,046
Description	**FY 2004-05 General Fund Savings**	**18 Month General Fund Savings**
Progress Foundation Outreach Services	121,780	387,481
Reduction of NICOS anti-gambling initiative	27,500	87,500
Progress Foundation - Rypins/Carroll House Seniors Day Treatment	183,244	583,048
Baker Places - Robertson House Day Treatment	51,568	164,081
Shanti Lifelines Breast Cancer Case Management	34,375	109,375
Reduction of African American Health Initiative, (AACHI), and Health Education Resource Center (HERC)	95,956	305,315
Fee Increase for Food Program	286,510	911,624
Pharmaceutical Co-Payment	127,875	406,875
Eliminate middle managers of social workers	242,111	770,352
Total	**$7,401,313**	**$23,185,996**

Dr. Katz hopes that no action will be necessary on these cuts. But if Propositions J and K do fail, he will return to the Commission on November 9th for action.

Public Comment

- Anthony Salazar, Friendship House, spoke in support of Friendship House and continued substance abuse services.

- Barbara Farrell, Treatment on Demand, said that substance abuse makes up less than 10 percent of the DPH budget, but is 29 percent of the cuts. Housing in not health care, and people in housing will not have any outpatient substance abuse services.

- Veronica Shwindler, Friendship House, said the agency has been very helpful to her on her road to recovery.

- Raho Ortiz, Development Director for Friendship House, said the CBHS money is 10 percent of their budget, and the cut would greatly impact their ability to provide services.

- Cedric Akbar, Positive Directions Equals Change, said the pain in the Bayview Community is visible. He urged the Commission not to cut substance abuse.

- Ed Warshauer, SEIU 790, is opposed to every single cut and supportive of a revenue stream for DPH. Proposition 63 should mitigate some of the potential cuts, and the union is totally opposed to reducing the number of beds at Laguna Honda Hospital.

- Barbara Rothkrug, Public Health Nurse at Castro Mission Health Center, is opposed to reducing mental health services. She has dialysis patients who are undocumented and will not get services if SFGH dialysis is cut.

- Eve Meyers, San Francisco Suicide Prevention, said suicide is the end stage of substance abuse and mental illness. Do not cut these services.

- Patrick Monette-Shaw – written summary attached*

- Norma Hotaling, SAGE, is disturbed that there is such a huge proposed cut to substance abuse services this early in the year. She would like to see the Department and community come together for a combined planning process.

- Kent Woo, NICOS, urged the Commission to save the anti-gambling initiative, regardless of whether J and K pass. It is the only project of its kind in the Bay Area and the nation. Please make this program part of the DPH baseline.

- Jenny Wiley, Friendship House, said treatment is so much cheaper than incarceration, so save treatment.

- Karen Patterson-Matthew, Bayview Hunters Point Foundation, encouraged decision makers to continue to advocate for people in need.

- Richard Heasley, Conard House, said that he and others have been working hard to get Propositions J, K and O passed. There is the possibility that the City will have to confront the next phase of dismantling the system of care. People will fall through the cracks.

Commissioners' Comments

- Commissioner Monfredini thanked Dr. Katz for his hard work and thanked the community for testifying before the commission. Commissioners are very much aware of the good done by DPH's great contractors and this is painful. Unfortunately the Commission cannot just ignore the possible need for budget reductions. She asked Dr. Katz if the mid-year deficit projections include statewide initiatives that may or may not pass. Dr. Katz replied that the projections to not include any statewide impacts, nor do they include the deficit that is expected for the next fiscal year.

- Commissioner Guy said it is good that the Commission is beginning the discussion now, and there should be a follow up discussion on the next agenda. There needs to be strategic planning after the election. She added that none of the propositions address the issue that DPH does not have a baseline budget.

- Commissioner Chow said the situation remains fluid and there will be more information after the election. He thanked the public for its thoughtful testimony. He hopes the anti-gambling initiative could be maintained and that NICOS is part of any strategic planning discussions.

- Commissioner Sanchez said that rather than a continuum of care we have a continuum of challenges.

9) PUBLIC COMMENT/OTHER BUSINESS

- Patrick Monette-Shaw – written summary attached*

10) ADJOURNMENT

The meeting was adjourned at 5:45 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments: (2)

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

From Patrick Monette-Shaw for Item 6 - Commissioner Chow noted this Commission will consider a resolution tonight regarding the new DPH Strategic Plan. You can't consider any Resolution, because it hasn't been placed on today's agenda as an action item, required by the Sunshine Ordinance, nor has copies of the resolution been made public and available on the table containing meeting materials. Anne Kronenberg indicated that the Mission and Vision for DPH is unchanged, but then Mr. Soos notes 83 of the objectives were changed or revised. The new Strategic Plan makes no mention of Dr. Katz's new vision for Laguna Honda Hospital as "a psychosocial rehabilitation center for the urban poor," which is a huge change in DPH's mission. Despite a Guiding Principle the Strategic Plan wouldn't be driven by "fiscal realities," Goal 1, Objective 11 regarding patient flow fails mentioning the LHH admission policy change has been completely driven by financial pressure over decertified days.

From Patrick Monette-Shaw for Item 8 - Dr. Katz just quoted Yogi Bera's famous line, "It's deja vu all over again," referring to the $23 million in cuts DPH should Propositions J, K, and O. Dr. Katz has recommended cutting the same programs cut during the budget battle last summer, but were subsequently restored by the Board of Supervisors. It's deja vu for me, too, since my recommendation to cut the fat from DPH's top management last summer was ignored. Eliminating just four of DPH's 16 managers of IS could prevent cutting the African American Health Initiative ($209,359), and could prevent having to implement a pharmacy co-payment for SFGH outpatients ($279,000). DPH knows the co-payments will be such a burden on these outpatients that they simply won't be able to afford them, and Dr. Katz is projecting decreased utilization of pharmaceuticals, which could endanger lives. It is time for fresh ideas. Pitting client against client must stop.

From Patrick Monette-Shaw for Item 9 - During Agenda Item 6, Ms. Kronenberg noted the Commission sought input from two of the three Joint Conference Committees. Why wasn't the Laguna Honda JCC consulted? Could it be Dr. Katz's new vision that LHH's mission will be a "psychosocial rehabilitation facility for the urban poor" would not have been approved by LHH's Executive Committee and medical staff? As well, last summer Commissioner Monfredini and I had a conversation about the raid of $25 million from the tobacco settlement money to rebuild LHH. When I noted there was discussion about changing LHH's decades-old medical model focus to a social-"wellness model," I suggested this Commission should put a new proposition before the voters to find new bond money for social rehabilitation, Ms. Monfredini indicated such a measure would be unlikely to pass voter approval. LHH's bond money for a long-term care nursing home should not be diverted to social wellness programs.

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 17-04

APPROVING THE RECONFIGURATION OF EMERGENCY MEDICAL SERVICES IN THE SAN FRANCISCO FIRE DEPARTMENT

WHEREAS, the Health Commission is committed to maintaining a high quality emergency medical services system for the people of San Francisco; and

WHEREAS, in 1997 a merger of the DPH Paramedic Division and the SFFD was undertaken to improve the quality of patient care while at the same time remaining cost-effective; and

WHEREAS, the merger was successful in shortening ALS response times, in increasing the number of ambulances, paramedics, and paramedic supervisors on the streets of San Francisco, and placing paramedic service providers on a single communication system; and

WHEREAS, the merger has faced challenges including paramedic fatigue and burn-out, multiple vehicles arriving at the same location, and an inability to staff all engines in the City with a paramedic; and

WHEREAS, the Fire Department and the Health Department have developed a new EMS configuration plan based on the successes and limitations of the existing model and the recommendation of a stake holders process; and

WHEREAS, the Health Commission has held two hearings on the new configuration, the basic elements of which are:

1) Establishment of 42 ALS engine companies (from current 21).

2) Dynamic deployment of ambulances with higher number of ambulances at peak times.

3) Use of dedicated paramedics and dedicated EMTs to staff ambulances; now therefore be it

RESOLVED, that the Health Commission of the City and County of San Francisco approves the Reconfiguration Proposal for Emergency Medical Services in the Fire Department; and be it

RESOLVED, that The Fire Department submit a quarterly report to the Health Commission on the progress of the new configuration.

I hereby certify that the San Francisco Health Commission at its meeting of October 26, 2004 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment A

PROPOSED BYLAWS AMENDMENTS
SEPTEMBER 2004

	CURRENT WORDING	AMENDMENT	RATIONALE
#1	No Current Section	New Section 2.2.5. ***Participation in Medicare, Medicaid and Other Federal Health Care Programs*** ***A. A practitioner who is on the Office of Inspector General (OIG) Exclusion List in not eligible for membership.*** ***B. A Practitioner must possess a Unique Provider Identification Number (UPIN) or must have submitted an application for a UPIN in order to be considered for appointment or reappointment to the Medical Staff.***	A. An excluded provider is prohibited from billing any federal program. Due to the close linkage between our clinical and billing systems, it would be nearly impossible to preclude bills from being generated for a single provider. B. A UPIN is needed in order to bill the Medicare Program.
#2	Section 4.8.2.A. The work of each Affiliated Professional shall be under the oversight of a physician Medical Staff member who shall assume overall responsibility for the patient's care.	Amended Section 4.8.2.A. The work of each Affiliated Professional shall be ***conducted with oversight*** of a physician Medical Staff member.	The amendment more accurately reflects how the work of the Affiliated Professionals is overseen by the supervising physician.

Attachment B, p. 1

#3	No Current Section	***Amended Section 4.8.3.*** ***4.8.3.B. A Practitioner who is on the Office of Inspector General (OIG) Exclusion List is not eligible for appointment as an Affiliated Professional.*** ***4.8.3.C. A Practitioner must possess a Unique Provider Identification Number (UPIN) or must have submitted an application for a UPIN in order to be considered for appointment or reappointment as an Affiliated Professional (excepting Nurse Practitioners hired prior to July 1, 2004 who do not possess a Masters in Nursing degree).***	A. An excluded provider is prohibited from billing any federal program. Due to the close linkage between our clinical and billing systems, it would be nearly impossible to preclude bills from being generated for a single provider. B. A UPIN is needed in order to bill the Medicare Program.
#4	Section 4.8.3.B. The MSSD shall forward the completed application to the Interdisciplinary Practice Subcommittee of the Credentials Committee. The Interdisciplinary Practice Subcommittee shall review the application and shall forward the application together with its recommendation of the Credentials Committee.	***Amended Section 4.8.3.D..*** The MSSD shall forward the completed application to the ***Chair or Co-Chair of the*** Interdisciplinary Practice Subcommittee of the Credentials Committee. The Interdisciplinary Practice Subcommittee shall review the application and shall forward the application together with its recommendation of the Credentials Committee.	The amendment more accurately reflects the process for review and approval of the Affiliated Professionals.
#5	Section 4.8.3.G. An Affiliated Professional who has been hired and who has submitted an application as set forth below may perform functions at the Hospital on a temporary basis while the Medical Staff is considering the completed application.	***Amended Section 4.8.3.G.*** An Affiliated Professional who has been hired and who has submitted an application as set forth below may perform functions at the Hospital on a temporary basis while the Medical Staff is considering the completed application. ***However, services that require a standardized procedure may not be performed until the applicant's credentials and a standardized procedure have been approved by the Medical Staff.***	The amendment reflects current practice.
#6	New Section	***New Section 6.15.*** ***Whenever a member is excluded from participation in the Medicare, Medicaid, or other***	Due to the complexities of the reimbursement requirements for Medicare, Medicaid and other Federal Health Care Programs, it is critical that

		Federal Health Care programs, the member's Medical Staff membership and Privileges shall be automatically suspended as of the date such action becomes effective.	SFGH not be placed in a situation that could open itself to fraud and abuse investigations by the OIG.
#7	Section 7.2. (Last paragraph of section) Removal from a position as Chief of a Clinical Service or as an Officer of the Medical Staff, or termination from the Medical Staff following two (2) years of inactive status, shall not constitute grounds for a hearing.	***Amended Section 7.2.*** Removal from a position as Chief of a Clinical Service or as an Officer of the Medical Staff, or termination from the Medical Staff following two (2) years of inactive status, ***or termination from the Medical Staff following a resignation or lay off from employment with the University or the City and County of San Francisco*** shall not constitute grounds for a hearing.	This amendment clarifies that termination from the medical staff as a result of an employment decision does not trigger the due process rights set forth in the Bylaws (such a termination is not reported to the California Medical Board because it is an administrative manner).
#8	Section 10.16 Performance Improvement and Patient Safety	***Section 10.16.K added:*** ***K. Community Primary Care Subcommittee*** ***1. Composition*** ***The Community Primary Care Subcommittee shall be chaired by the CPC Chief of Service/Medical Director of Primary Care and the Director of Primary Care Nursing. The CPC Chief of Service may elect to designate one of the CPC Medical Directors as Co-Chair of the subcommittee. The subcommittee shall consist of at least two Health Center medical directors, two staff physicians, two nurse practitioners/physician assistants, two Health Center nurse managers and/or staff nurses, and one Heath Center Director. The various CPC Health Centers and the SFGH Primary Care Health Centers shall be represented on the Committee.*** ***2. Duties*** ***This subcommittee shall monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to***	The reorganization of Community Primary Care necessitated this change.

Attachment B, p. 3

		improve patient care, and resolve identified problems through the following: *a. The identification and assessment of problems in the delivery of patient care;* *b. The development and implementation of plans designed to identify opportunities for improvement in patient care;* *c. The creation and implementation of standardized monitoring systems that regularly evaluates indicators of clinical performance;* *d. The maintenance of a database that documents the effectiveness of the aforementioned clinical performance indicators:* *e. The use of relevant findings for quality reviews to appraise the effectiveness of medical care provided; and* *f. Efficiency in the delivery of service (to minimize morbidity and mortality as well as to avoid unnecessary delays in care)* *3. Meetings* *This Subcommittee shall meet monthly at least nine (9) times a year and shall maintain permanent records of its proceedings and activities.*	

Attachment B, p. 4

	RULES AND REGULATIONS	RULES AND REGULATIONS	RULES AND REGULATIONS
#9	Current Table of Contents is renumbered starting with Section 2 which is renumbered Section 3:	*Amended Table of Contents starting with Section 3:* *3. Consent* *4. Consultations/Communications* *5. Clinical Service Rules and Regulations* *6. Restraint and Seclusion Policy* *7. Guidelines for Sedation by a Non-Anesthesiologist.* *8. Outpatient Medical Screening/ EMTALA* *9. Discharge and Transfer of Patients* *10. Medical Records* *11. Production of Patient Privacy* *12. House Staff* *13. General* *14. Adoption and Amendment*	Sections starting with the current Section 2 are renumbered and are re-arranged into a more logical order and a section on patient privacy is added consistent with HIPAA and the DPH/SFGH Privacy Policies.
#10	New Section 2. Medical History and Physical Examinations	*Section 2. Medical Histories and Physical Examinations* *The minimal elements of a medical history and physical examination for all inpatient admissions shall be:* *1. Chief complaint/reason for admission* *2. History of present illness* *3. Past medical history/surgical history* *4. Current medications* *5. Allergies/adverse drug reactions* *6. Review of systems (as pertinent)* *7. Physical examination (as pertinent)* *8. Diagnostics (if relevant)* *9. Assessment* *10. Plan*	Section 2 is added to comply with the new requirement of the JCAHO standard, MS.2.10; Element of Performance 6, that states "The organized medical staff specifies the minimal content of medical histories and physical examinations, which may vary by setting or level of care, treatment, and services."

Attachment B, p.5

#11	Section 5.1.1. (First sentence only) All operations shall be fully described by the operating physician or oral surgeon and operative reports shall be dictated or written immediately following completion of surgery.	Amended Section 5.1.1. (First sentence only) All operations shall be fully described by the operating physician or oral surgeon and operative reports shall be dictated or written ***within 24 hours*** following completion of surgery.	Amended section would comply with acceptable time for completing operative reports.
#12	Section 7. A. A medical screening exam shall be provided to all persons who present with an urgent or emergent condition and request services, regardless of that person's ability to pay. The medical screening exam must be appropriate to the medical complaints and sufficient to determine whether the person has an emergency condition. B. The medical screening exam must be performed by a physician or other qualified medical personnel as designated by the clinical service in their clinical service rules and regulations or policies and procedures. However, such qualified medical personnel shall include only the following categories of persons when acting in their usual and customary settings and within the scope of their training and protocols; clinical psychologists, dentists, podiatrist, certified nurse midwives, nurse practitioners, registered nurses, and physician assistants.	Amended Section 7: ***A. An appropriate medical screening examination shall be provided to all persons who present themselves to the Hospital Emergency Department and who request, or have a request made on their behalf, for an examination or treatment of a medical condition. In such an event, the Hospital shall not seek authorization from an individual's insurance company until a medical screening examination has been provided and any necessary stabilizing treatment has been initiated. The patient will not be transferred to another facility unless the patient's condition is stabilized or it is in the patient's best interest to be transferred due to the hospital's inability to provide the needed services or level of care.*** ***B. An appropriate medical screening examination shall be provided to persons, including visitors, who present themselves at an area of the Hospital's main campus other than the Emergency Department if they request, or have a request made on their behalf, for examination or treatment for what may be an emergency medical condition. Where there is no verbal request, a request will nevertheless be considered to***	The amended Section 7 complies with the new requirements of the Emergency Medical Treatment and Labor Act (EMTALA) and is consistent with the recent changes made to the hospital EMTALA Policy.

attachment B, p.6

	C. If the patient has an emergency medical condition, or if a pregnant woman presents in labor, the hospital will treat or stabilize the patient. The patient will not be transferred to another facility unless the patient's condition is stabilized or it is in the patient's best interest to be transferred due to the hospital's inability to provide the needed services or level of care.	***exist if a prudent layperson observer would conclude, based on the person's appearance or behavior, that the person needs emergency examination or treatment.*** ***C. The medical screening exam must be performed by a physician or other qualified medical personnel as designated by the clinical service.*** ***D. In the event that a request is made for*** emergency care in a Hospital department off the Hospital's main campus, such as a Community Primary Care Services Clinic, EMTALA does not apply. The clinic shall provide whatever assistance is within its capability and shall call the local emergency medical service to take the individual to an emergency department	
#13	Section 11.L. Failure to complete records within fourteen (14) days after discharge may result in suspension of Privileges for the Attending physician, clinical psychologist, dentist, podiatrist or responsible House Officer. Certification of completion of postgraduate training may be withheld at the judgment of the Chief of the Clinical Service for those House Officer who have not completed medical records. Certification of membership in good standing on the Medical Staff may likewise be withheld for all members with incomplete medical records.	***Amended Section 10.L.*** ***The Chief of Staff or the relevant Chief of Service may suspend the Privileges of an Attending physician, clinical psychologist, dentist, or podiatrist for failure to complete records within fourteen (14) days after discharge. For the responsible House Officer,*** certification of completion of postgraduate training may be withheld at the judgment of the Chief of the Clinical Service for those House Officer who have not completed medical records. ***(The rest of the current section is deleted.)***	This is a standard Bylaws provision and is intended to prompt the timely completion of medical records documentation.

Attachment B, p. 7

#14	No Current Section	***Amended Section 11. Protection of Patient Privacy*** ***A. Members of the Medical Staff shall comply with the DPH Notice of Privacy Practices, the Hospital policies and procedures regarding patient privacy and the Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA).*** ***B. Members of the Medical Staff shall abide by the following:*** ***1. Protected health information shall only be accessed, discussed or divulged as required for the performance of job duties;*** ***2. User IDs and/or passwords shall only be disclosed to Hospital Information Systems staff;*** ***3. Members shall not log into Hospital information systems or authenticate entries with the user ID or password of another; and*** ***4. Members shall only install software on Hospital computers that have been appropriately licensed and authorized by Hospital Information Systems staff.*** C. ***Members agree that violation of this section regarding Protection of Patient Privacy may result in corrective action as set forth in Articles VI and VII of these Bylaws.***	This section is consistent with HIPAA and the DPH/SFGH Privacy Policies.

Attachment B, P. 8

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Department of Public Health
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San Francisco, CA 94102

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David J. Sánchez, Jr., Ph.D.
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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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Web Site: http://www.sfdph.org

Agenda
cancelled

RESCHEDULE NOTICE

FOR THE

SAN FRANCISCO HEALTH COMMISSION

The regular meeting of the San Francisco Health Commission scheduled for Tuesday, November 2, 2004 has been rescheduled to:

Tuesday, November 9, 2004
3:00 p.m.
101 Grove Street, Room 300
San Francisco, CA 94102

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An agenda will follow.

For information please call the Commission Office at 554-2666.

10-20-04A10:42 RCVD

(Posted October 18, 2004)

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Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, November 9, 2004+
at
3:00 p.m.
101 GROVE STREET
San Francisco, CA 94102

+PLEASE NOTE THAT THIS MEETING WAS RESCHEDULED FROM NOVEMBER 2, 2004

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. AT 101 GROVE STREET.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 26, 2004**
**Minutes of the meeting of October 26, 2004*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) **CHP-Housing and Urban Health** – Request for approval of a retroactive contract renewal with Fort Help, Inc., in the amount of $66,135, to provide opiate replacement therapy targeting Direct Access to Housing participants, for the period of September 30, 2004 to September 29, 2005.
** Contract summary, Monitoring report summary, Response*

(3.2) **CHP-Housing and Urban Health** – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $397,725, to provide behavioral health services targeting Direct Access to Housing participants, for the period of September 30, 2004 to September 29, 2005.
* *Contract summary, Monitoring report summary, Response*

(3.3) **CHP-Housing and Urban Health** – Request for approval of a retroactive new contract with Catholic Charities CYO, in the amount of $83,708, to provide comprehensive housing and case management services, for the period of July 1, 2004 through June 30, 2005.
* *Contract summary, Monitoring report summary, Response*

(3.4) **CHP-Housing and Urban Health** – Request for approval of a retroactive new contract with Larkin Street Youth Services, in the amount of $80,327, to provide case management services targeting multiply-diagnosed homeless persons, for the period of July 1, 2004 through June 30, 2005.
* *Contract summary, Monitoring report summary, Response*

(3.5) **CHP-Housing and Urban Health** – Request for approval of a retroactive new contract with Chinatown Community Development Center, the lead agency and fiscal agent for the SRO Families Collaborative, in the amount of $100,000, for the period of November 1, 2004 through June 30, 2005.
* *Contract summary*

(3.6) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive contract renewal with Better World Advertising, in the amount of $157,000, to continue to provide the HIV prevention social marketing campaign, for the period of October 1, 2004 through December 31, 2004.
* *Contract summary, Monitoring report summary*

(3.7) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive new contract with San Francisco Study Center, in the amount of $167,726, to provide health planning and formative research for social marketing campaigns to prevent HIV and promote health, targeting those living with HIV and those populations at highest risk, for the period of October 1, 2004 through December 31, 2004.
* *Contract summary*

(3.8) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive new contract with San Francisco AIDS Foundation, in the amount of $1,163,600, to provide client advocacy, benefits counseling, outpatient mental health and practical support services targeting low-income and/or homeless persons with HIV/AIDS in San Francisco, for the period of July 1, 2004 through June 30, 2005.
* *Contract summary*

(3.9) **CHP-Primary Care** – Request for approval of a retroactive contract renewal with Tides Center, in the amount of $56,000, to provide Women's Community Clinic services, for the period of July 1, 2004 through June 30, 2005.
* *Contract summary, Monitoring report summary*

(3.10) **BHS** – Request for approval of a retroactive contract renewal with Jelani, Inc., in the amount of $3,418,606, to provide residential and outpatient substance abuse treatment services targeting women, children and families, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report summaries, Corrective action plans, Client demographic information forms*

(3.11) **BHS** – Request for approval of a retroactive contract renewal with the San Francisco Pretrial Diversion Project, in the amount of $76,833 per year, for a total contract value of $307,332, to provide mental health/substance abuse residential/outpatient services, for the period of July 1, 2004 through June 30, 2008.
** Contract summary, Monitoring report summary, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION PROCLAIMING NOVEMBER 20TH THROUGH DECEMBER 20TH OF EACH YEAR "SURVIVOR OF HOMICIDE VICTIMS AWARENESS MONTH"**
(Barbara Garcia, Deputy Director of Health, Director, Community Programs)
**Draft Resolution*

6) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION ENDORSING THE UPDATE OF THE DEPARTMENT OF PUBLIC HEALTH'S STRATEGIC PLAN**
(Jim Soos, Senior Health Program Planner, Policy and Planning)
**Draft Resolution*

7) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION APPROVING THE FISCAL YEAR 2004-2005 MID-YEAR BUDGET REDUCTIONS**
(Mitchell H. Katz, M.D., Director of Health)
**Draft Resolution*

8) **FOR DISCUSSION:** **PRESENTATION OF THE FY 2004-2005 1ST QUARTER FINANCIAL REPORT**
(Gregg Sass, DPH Chief Financial Officer)
**Report*

9) **PUBLIC COMMENT/OTHER BUSINESS****

10) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF A $10,000 CREDIT TO THE CITY IN ROMIC ENVIRONMENTAL TECHNOLOGIES CORP. v. CCSF

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

11) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal

from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html**

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HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
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MINUTES

HEALTH COMMISSION MEETING

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Tuesday, November 9, 2004
at
3:00 p.m.
101 GROVE STREET
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by Commissioner Monfredini at 3:25 p.m.

Present: Commissioner Lee Ann Monfredini, Vice President
Commissioner Roma P. Guy, M.S.W.
Commissioner James M. Illig
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Edward A. Chow, M.D., President

Commissioner Monfredini announced that the December 21, 2004 Health Commission meeting will be held at San Francisco General Hospital's Carr Auditorium. The Health Commission will hold a meeting at Laguna Honda Hospital in February or March 2005.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 26, 2004

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) approved the minutes of the October 26, 2004 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Guy chaired and Commissioner Illig attended the Budget Committee meeting.

(3.1) **CHP-Housing and Urban Health** – Request for approval of a retroactive contract renewal with Fort Help, Inc., in the amount of $66,135, to provide opiate replacement therapy targeting Direct Access to Housing participants, for the period of September 30, 2004 to September 29, 2005.

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(3.6) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive contract renewal with Better World Advertising, in the amount of $157,000, to continue to provide the HIV prevention social marketing campaign, for the period of October 1, 2004 through December 31, 2004.

Public Comment

- Melenie Eleneke spoke in support of the program.

(3.7) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive new contract with San Francisco Study Center, in the amount of $167,726, to provide health planning and formative research for social marketing campaigns to prevent HIV and promote health, targeting those living with HIV and those populations at highest risk, for the period of October 1, 2004 through December 31, 2004.

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(3.10) **BHS** – Request for approval of a retroactive contract renewal with Jelani, Inc., in the amount of $3,418,606, to provide residential and outpatient substance abuse treatment services targeting women, children and families, for the period of July 1, 2004 through June 30, 2005.

Commissioners' Comments

- Commissioner Guy requested an update to the Community Programs and Services Joint Conference Committee regarding challenges faced by the agency and how, if at all, outcome objectives would be modified.

(3.11) **BHS** – Request for approval of a retroactive contract renewal with the San Francisco Pretrial Diversion Project, in the amount of $76,833 per year, for a total contract value of $307,332, to provide mental health/substance abuse residential/outpatient services, for the period of July 1, 2004 through June 30, 2008.

Action Taken: The Health Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) approved the Budget Committee Consent Calendar.

Item 3.10 was referred to the Community Programs and Services Joint Conference Committee for a follow-up report.

4) DIRECTOR'S REPORT

Mitch Katz, M.D., Director of Health, presented the Director's Report.

State Election Update
The November 2nd ballot contained a number of health-related initiatives. Dr. Katz reported that Proposition 63, the Mental Health Services Act, which was supported by the Health Commission, passed last Tuesday and will fund the expansion of mental health programs around the State. Proposition 63, funded by a tax on income over $1 million annually, will raise an estimated $275 million in the current fiscal year, $750 million in the 2005-06 fiscal year, and increasing amounts thereafter. Funding will be allocated to counties for mental health services by a formula that will be devised through the State's regulatory process.

Unfortunately, Propositions 72 and 67, also supported by the Health Commission, did not pass on November 2nd. Proposition 72 was a referendum on SB 2, the Health Insurance Act of 2003, which would have required large and medium-sized employers to offer health insurance to their employees and, in some cases, their employees' dependents. Since Proposition 72 failed, SB 2 and the employer health insurance mandate was overturned. Proposition 67, which would have added a surcharge on calls made within California to fund uncompensated emergency services, also failed. The voters did, however, overwhelmingly pass Proposition 71, which creates the "California Institute for Regenerative Medicine" to regulate stem cell research and provide funding, through grants and loans, for research and research facilities in California. Proposition 71 authorizes the issuance of bonds annually for ten years to a total of $3 billion.

Jimmy Loyce Named Acting Director of EEO, Affirmative Action and Cultural Competency
At the last Health Commission meeting, Dr. Katz announced that Norm Nickens, DPH's Director of EEO, Affirmative Action and Cultural Competency would be leaving to take a position in the Retirement System. Dr. Katz announced that Jimmy Loyce, Deputy Director of Health for AIDS

Programs, has agreed to serve as Acting EEO Director until a replacement for Mr. Nickens can be found. Mr. Loyce will be assuming these new duties in addition to maintaining his existing role in the AIDS Office. Dr. Katz thanked Mr. Loyce for his willingness to take on these responsibilities.

LHH Clinical Leadership Report, October 28, 2004
Paul Isakson, MD
Gayling Gee, RN, MS
Mivic Hirose, RN, MS
Tim Skovrinski, MD
Serge Teplitsky, RN

LHH Medical Staff Appointments

Reappointments:
William Flynn, M.D. – Psychiatry – (Active/Daytime)
Denise Rettenmaier, M.D. – Internal Medicine – (Active/N & W)

Resignations:
Yoshio Hall, M.D. – Internal Medicine – (Active/N & W)
Carole Deitrich, NP – Internal Medicine – (Active/Daytime)

LHH Credentials Year-to-Date Report

7/1/2004 to 10/28/2004

New Appointments	1
Reinstatements	0
Withdrawal	0
Reappointments	10
Delinquencies:	0
Reappointment Denials:	0
Resigned/Retired	6
Disciplinary Actions	0
Restriction/Limitation of Privileges	0
Changes in Privileges	0
Additions	0
Voluntary Relinquishments	0

Commissioners' Comments

- Commissioner Illig said that since Proposition 72 passed in San Francisco, there may the opportunity to have a conversation with the Board of Supervisors about doing a local version of SB 2.

- Commissioner Guy asked what the local process would be for setting priorities for the mental health money. Barbara Garcia, Deputy Director of Health, said it would be an open process with a large leadership group of 40-60 people. They are looking for involvement with the community and other City departments. Commissioner Guy asked for updates at the

Community Programs and Services Joint Conference Committee. Dr. Katz said it is a complicated piece of legislation, and he would update the Commission on a regular basis.

5) CONSIDERATION OF A RESOLUTION PROCLAIMING NOVEMBER 20TH THROUGH DECEMBER 20TH OF EACH YEAR "SURVIVOR OF HOMICIDE VICTIMS AWARENESS MONTH"

Barbara Garcia, Deputy Director of Health, Director, Community Programs, presented a resolution that would proclaim November 20th to December 20th of each year "Survivor of Homicide Victims Awareness Month." This resolution came out of the Family Involvement Team's work in Bayview Hunters Point, specifically around the increased number of homicides over the past year. This is an emergency crisis in our community, and the Department will use this resolution as a way to better support families of homicide victims.

Lynn Westry from the Family Involvement Team spoke about the need for this awareness. Survivors of homicide victims struggle with the tragedy from year to year. The resolution will add support to families that have been brutally impacted by violence and support the peace making movement. It will help survivors feel encouraged, supported and strengthened. There will be a survivors' kick off on November 19th on the steps of City Hall.

Action Taken: The Health Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) approved Resolution 18-04, "Proclaiming November 20th to December 20th of Each Year as Survivor of Homicide Victims Awareness Month in San Francisco," (Attachment A).

6) CONSIDERATION OF A RESOLUTION ENDORSING THE UPDATE OF THE DEPARTMENT OF PUBLIC HEALTH'S STRATEGIC PLAN

Jim Soos, Senior Health Program Planner, Policy and Planning, presented a resolution endorsing the Strategic Plan Update. The Update was presented at the October 26, 2004 Health Commission meeting. The resolution officially endorses the Strategic Plan and asks the Department to do three things: use the plan in the development of the Department's budget; develop and implementation and evaluation plan; and report periodically to the Joint Conference Committees and the Health Commission.

Action Taken: The Health Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) approved Resolution 19-04, "Endorsing the Update of the San Francisco Department of Public Health's Strategic Plan," (Attachment B).

7) CONSIDERATION OF A RESOLUTION APPROVING THE FISCAL YEAR 2004-2005 MID-YEAR BUDGET REDUCTIONS

Mitchell H. Katz, M.D., Director of Health, presented the proposed 2004-2005 mid-year budget cuts. The current year budget was balanced on the assumptions that Propositions J and K would pass. Failure of these measures requires immediate reductions to offset $97 million in assumed revenues over the next 18 months. Even after offsetting reductions are enacted, a significant shortfall—approximately $130 million—remains for next fiscal year.

The Mayor instructed departments to submit contingency plans before close of business November 4, 2004. All departments are to use a January 15th effective date for all layoffs and contractor reductions.

Departments are to being to plan now for additional reductions. Budget instructions to address the remaining $130 million shortfall for next fiscal year will be issued on November 30th.

The Health Department's original target of $23 million was reduced to $15.5 million by the Mayor to preserve $6 million in substance abuse services.

Dr. Katz summarized the Health Department reductions:

Description	FY 2004-05	18 Month Total
Shanti - Emotional & Practical Support	(220,996)	(703,169)
Eliminate Care Back Fill	(933,552)	(2,970,392)
Positive Resources - Reentry to work Program for persons with HIV.	(77,000)	(245,000)
Progress Foundation Outreach Services	(121,780)	(387,481)
Limit mental health services to indigent clients to only those clients with a serious mental illness	(658,242)	(2,094,406)
Pharmaceutical Co-Payment	(127,875)	(406,875)
Administrative Reduction	(8,063)	(25,655)
Reduction of NICOS anti-gambling initiative	(27,500)	(87,500)
Shanti Lifelines Breast Cancer Case Management	(34,375)	(109,375)
Reduction of African American Health Initiative, (AACHI), and Health Education Resource Center (HERC)	(52,776)	(167,923)
Eliminate middle managers of social workers	(242,111)	(770,352)
Restructure Primary Care Clinics and eliminate extended hours	(1,296,344)	(4,124,730)
Mission Assertive Community Treatment	(31,429)	(100,000)
Decrease psychiatric hospitalizations by private providers	(60,858)	(193,638)
UC contract Reduction	(377,143)	(1,200,000)
Reduce Public Health Nurses	(603,022)	(1,938,503)
	(4,873,064)	(15,525,000)

Public Comment

- Manuel Vasquez, Director of Mission ACT, expressed his objections to the cuts to the indigent population. The budget proposal will have significant impacts on immigrant populations as well as homeless populations.

- Ellie Dwyer, Clinic Director at Mission ACT, said they would continue to prioritize housing as their number one service. Mission ACT has been developing a step down proposal and wants to pursue this plan to use public dollars effectively.

- Rachel Matillano, HIV/AIDS Services at API Wellness Center, is concerned that the AIDS services that are being cut make core services more effective in the long run. There will be other, ongoing cuts in the CARE funds.

- Donnie Tugano, API Wellness Center, asked the Commission not to cut AIDS services.

- La Vonne McIntosh, is concerned about cuts to public health nurses. There are people with heart disease, asthma, AIDS, so please consider the quality of care that money cannot buy.

- Itti Kamjinda and Somrudee spoke in support of people with HIV in San Francisco.

- Giselle Clark-Ibanez, Case Manager with Shanti's Lifeline Program, read statements from Sandra Fuller and Kathy Bonanno, and submitted a statement from Valerie Bell, all Lifeline clients (Attachment C).

- Lance Toma, Deputy Director, API Wellness Center, spoke against the proposed cuts in HIV/AIDS services.

- Alison Block, Shanti's Lifeline Project, said many women would feel helpless and isolated without these services.

- Kristi Oshiro spoke in support of Lifeline's services. Lifeline offers critical services. Lifeline is able to meeting many people with depth and compassion.

- Diedre Gilmore, Program Manager at Lifelines, said her program enables under and uninsured women who are diagnosed with breast cancer the ability to access care and adhere to their treatment regime. Without Lifeline services, 100 women currently undergoing treatment will be unable to access Lifeline's services.

- Dr. Jeffrey Leiphart, Medical Director for Lifelines, spoke in support of Lifeline services.

- Jenna Nielsen, Lifelines volunteer, spoke in support of Lifelines.

- Jamie Schele spoke in support of Lifelines. She shared two testimonials from Lifelines patients who could not be at the Health Commission meeting (Attachment D).

- Melenie Eleneke, Filipino Task Force on AIDS, spoke in support of the numerous agencies that provide services to the API community.

- Bob Reyes said the HIV virus kills the immune system, and he is grateful for the new medications. But he relies on the services that help him not have to fight the disease alone. Please save the services.

- Phillip Watson, Shanti AIDS Project, said that a number of people are going to be left behind with these budget cuts. Please consider the shut-in folks who are behind closed doors who will not receive services.

- Jessica Berman, Shanti, spoke in support of Lifeline services and HIV support services. Shanti services save lives and money.

- Charles Siron, a consumer of services that are proposed to be cut, and co-chair of the CARE Council. He asked the Commission to give him and others hope. With the CARE cuts and the proposed cuts, a lot of providers will be lost.

- Bartholomew Casimir, asked the Health Commission to continue HIV services.

- Dr. Valerie Ng, chair of the Medical Staff at SFGH, expressed concern about the $1.2 million cut to the contract with UCSF. SFGH and UCSF have a 50-year unique and successful

partnership. This cut will negatively impact patient care, as there are no more one-time fixes available. The services cuts will also have the unfortunate affect of decreasing revenue.

- Bill Hirsch, Director of AIDS Legal Referral Panel, said San Francisco provides the model of care for AIDS services, and this model is unraveling. The AIDS Legal Referral Panel leverages $1 million in other funds each year. This is in jeopardy without funding for core services.

- James Rouska spoke in support of Shanti's services. San Francisco has great services. He is shocked that Shanti's services are being cut when other agencies are not as friendly or helpful.

- Mark Molnar, Shanti HIV/AIDS Services manager, said that cutting peer advocacy and emotional support would have an impact on clients' ability to remain housed and in primary care.

- Sonja Sawyer, San Francisco State CLAER Project, thanked the Commission for adopting the survivor's month resolution.

- Jimmy Dale Hobbs spoke in support of Shanti's HIV services. Staff takes a personal interest in all clients.

- Jose Biffano, representing the Latino community. The Latino community needs help. Without help there will be many problems. Shanti has provided help. They have problems with translation and the only service available is Shanti and Instituo Familiar de la Raza.

- Maryanne Pirring, Mission ACT, wants to keep the center open for jobs, staff and community.

- Ruben Garcia, SEIU 790, spoke on behalf of employees in public and non-profit sectors. The union does not believe employees have been involved in any of these decisions. The Department should go back to the drawing board. Some of the cuts are totally inappropriate, such as cuts in chronic care public health nurses. A lot of members cannot come to Health Commission meetings during business hours.

- Rebecca Morrow, Public Health Nurse and SEIU 790 representative, said public health nurses objected strongly to having to choose between chronic care and maternal health. Just a few weeks after the decision was made, chronic care nurses are being cuts. She views this as retaliatory.

- Otto Duffy, Tom Waddell Health Center Advisory Board, said the cuts should not be set in stone and should be flexible. Also, no cuts in homeless health care services should be made without the input of Tom Waddell staff.

- Mark Misruk, Positive Resource Center, said many clients' lives depend on the services provided.

- Ed Kinchley, Medical Social Worker at SFGH and SEIU 790 representative, is opposed to all cuts. All cuts impact core services. Cuts in primary care go against the DPH mission. Vote no on these cuts.

- John Michael Stevison spoke in support of Shanti services.

- Debbi Lerman, San Francisco Human Services Network, is troubled by the definition core services, and the budget cuts are targeted toward mental health and HIV services. These reductions will cause other harm. Please tell the Mayor that the majority of these cuts are unacceptable.

- Laurie Hampton, client of Tom Waddell clinic, said it is very hard to get appointments. Staff is overworked. She is not getting the health care she needs to function.

- Bill Barnes said the CARE cuts where not added back under the assumption that they would only remain if Propositions J and K passed. There will be more Ryan White money and we need to show a local commitment to backfilling the CARE cuts.

- Kevin Burns, executive director of Shanti, urged the Commission to remember that these services partner with primary care and are designed to keep people engaged in primary care. The services they provide are core services.

- Iris Biblowitz, Tom Waddell Clinic, implored the Health Commission to not cut mental health, clinics, dialysis and other services. There has to be a fiscal commitment to public health so that the tenuous safety net stays in place.

- Alexander Li, Medical Director at Chinatown Health Center, advocated for continued funding for a model TB program.

- Public Health Nurse, said the services they provide to clients greatly improve people's lives. She described one of the hundreds of clients who has benefited by public health nursing services.

- Kent Woo, executive director of NICOS, spoke in support of the Chinese anti-gambling project.

- Ellen Sablowitz spoke in support of public health nurses. Over half of the public health nurses are proposed to be cut. The new chronic care team has just been established.

Dr. Katz commented on the process. The Mayor released a list of citywide reductions to the press and public last Thursday. The Mayor very clearly understands the pain the cuts will cause. Dr. Katz sees no possibility that the Mayor's Office will not cut $97 million, and can do so without the approval of the Board of Supervisors.

Commissioners' Comments

- Commissioner Monfredini said every single program on the list is important to the Department of Public Health. But unfortunately there will be cuts in DPH. Her goal is to submit a proposal to the Mayor that he will accept.

- Commissioner Illig said it was clear that when the budget was approved, the assumption was that if Propositions J and K did not pass, there would be a deficit. The Health Commission and other departments should have immediately started public hearings on these cut to educate the public about the importance of the ballot measures. Commissioner Illig said the services that are on the reduction list are crucial to homeless services. He is concerned that more than $4 million in cuts is

directed toward people with HIV and AIDS. Shanti is unique in San Francisco in that they primarily use volunteers to provide services and he is troubled that this agency is so heavily targeted. He asked the Commission to consider saving the breast cancer program and social work manager positions.

- Commissioner Guy emphasized that the Commission has to send something to the Mayor's Office and respond to the voters' disapproval to the revenue initiatives. Cutting these programs will have a direct consequence on San Francisco. We are dismantling public health. The Department has been struggling with the restructuring of public health nurses, but cutting nurses further dismantles the system. The community needs to come together to see how we build upon the dismantled system that is left. Reducing primary care goes against all research and best practices. She does not have the answer today. But the resolution should reflect that nothing in the proposed cuts does anything to maintain public health.

- Commissioner Sanchez said San Francisco had one of the best public health care systems in the nation, but the safety net is gone. San Francisco has one of the highest rates of cancer in the country. Our community, including the SFGH Foundation and the Avon Foundation, made a commitment to create the most supportive, effective programs possible. The Department has lost a number of committed, creative staff people. The safety net cannot withstand any of the proposed cuts.

- Commissioner Umekubo said budget hearings always serve as a wake up call and illustrate the problems facing health care, both public and private. He agrees with his fellow Commissioners that all the services are greatly needed. The Health Commission has to decide its direction and take a stand. He does not know the solution but he does know that the consequences are unacceptable.

- Commissioner Guy said there must be a more open budget process throughout the city, and more discussion about how to maintain a public health infrastructure. This needs to be done internally, with the minds and perspective of the thousands of DPH staff, and externally with the community.

- Commissioner Illig suggested reactivating three of the cuts that were proposed on October 26th and using the revenue to restore direct services: the restaurant inspection fee increases; reductions to HIV Prevention Services; and elimination of the SFGH dialysis program.

- Commissioner Monfredini would like to propose restoring small programs for six months that have the best chance of being approved by the Mayor's Office, specifically the Shanti Lifelines program. DPH was given a multi-million grant from AVON to provide breast cancer services and we must maintain a local commitment. In addition, she would like to consider taking the NICOS anti-gambling program off the cut list.

- Commissioner Guy said it is more important to retain primary care than to fund new initiatives. She would like the Mayor to hear this. She wants Dr. Katz to work with senior management to discuss and develop the best proposal.

Action Taken: The Health Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) approved the following amendments to the proposed resolution:

FURTHER RESOLVED, that the Health Commission requests that the Shanti Lifelines Breast Cancer Case management and the NICOS Anti-gambling initiative be funded for the remainder of FY 2004-2005; and be it

FURTHER RESOLVED, that the Health Commission urges the Mayor and Board of Supervisors to maintain at least half of the HIV/AIDS integrated case management/peer advocacy services and mitigate the cuts to the primary care network, including the managerial medical social workers; and be it

Action Taken: The Health Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) approved Resolution 20-04, "Authorizing the Proposed FY 2004-2005 Mid-Year Budget Cuts," (Attachment E), as amended.

8) PRESENTATION OF THE FY 2004-2005 1ST QUARTER FINANCIAL REPORT

Gregg Sass, DPH Chief Financial Officer, presented the FY 2004-2005 1st Quarter Financial Report. This report presents the first quarter financial projections of revenues and expenditures for the Department of Public Health for Fiscal Year 2004-05. Projections include a revenue surplus of $6,996,000 and expenditure deficit of $6,817,000. These variances are largely offsetting, and based on this data, the Department of Public Health is projecting to end the year essentially even with a small year-end surplus of $179,000.

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Department of Public Health							
SFGH	$ 542,898,000	$ 551,362,000	8,464,000	$ 542,898,000	$ 547,502,000	(4,604,000)	3,860,000
Laguna Hond	154,265,000	152,868,000	(1,397,000)	154,265,000	155,661,000	(1,396,000)	(2,793,000)
Primary Care	42,310,000	42,231,000	(79,000)	42,310,000	42,426,000	(116,000)	(195,000)
Health at Hon	8,047,000	8,055,000	8,000	8,047,000	7,870,000	177,000	185,000
Jail Health	21,689,000	21,689,000	-	21,689,000	21,689,000	-	-
Public Health	90,517,000	90,517,000	-	90,517,000	89,517,000	1,000,000	1,000,000
Mental Health	172,013,000	172,013,000	-	172,013,000	174,564,000	(2,551,000)	(2,551,000)
Substance Ab	65,106,000	65,106,000	-	65,106,000	64,433,000	673,000	673,000
TOTAL DPH	1,096,845,000	1,103,841,000	6,996,000	1,096,845,000	1,103,662,000	(6,817,000)	179,000

Governmental Transfer (IGT) for SB855, Transfer In and Project Related expenses.

9) PUBLIC COMMENT/OTHER BUSINESS

None.

10) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) voted to hold a closed session.

The Commission went into closed session at 6:50 p.m. Present in closed session were Commissioner Guy, Commissioner Illig, Commissioner Monfredini, Commissioner Sanchez, Commissioner Umekubo, Mitch Katz, M.D., Director of Health, Rick Sheinfield, Deputy City Attorney and Michele Olson, Health Commission Executive Secretary.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF A $10,000 CREDIT TO THE CITY IN ROMIC ENVIRONMENTAL TECHNOLOGIES CORP. v. CCSF

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) voted to approve the settlement accepting a $10,000 credit from Romic Environmental Technologies Corp.

D) Reconvene in Open Session

The Commission reconvened in open session at 6:55 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) voted not to disclose any discussions held in closed session.

11) **ADJOURNMENT**

The meeting was adjourned at 6:55 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments: (5)

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

Health Commission
City and County of San Francisco
Resolution No. 18-04

Proclaiming November 20th to December 20th of Each Year as Survivor of Homicide Victims Awareness Month in San Francisco.

WHEREAS, San Francisco has experienced an increase in gun violence in the last year; and

WHEREAS, families and friends of homicide victims are confronted with overwhelming challenges and the trauma these survivors experience requires acknowledgement and on-going support and healing; and

WHEREAS, the effects of gun violence in our communities has been a major initiative for the Department of Public Health; and

WHEREAS, the Department of Public Health is currently developing a coordinated and immediate citywide response to gun violence incidents for individuals, families, witnesses and communities impacted by violence to ensure an appropriate level of services, such as social workers and mental health staff are available to engage those affected by the violent incident; and

WHEREAS, Department of Public Health staff will continue to engage with individuals, families, schools and community groups to provide services that may help the healing process; and

WHEREAS, the Board of Supervisors has proclaimed November 20th through December 20th of each year as Survivor of Homicide Victims Awareness Month in San Francisco; and

WHEREAS, This yearly observance provides a platform where the City can learn how to better support families who have been brutally impacted by violence and to support the efforts of survivors who are involved in the violence prevention and peacemaking movement; and,

WHEREAS, Survivor of Homicide Victims Awareness Month will encourage family and friends of homicide victims to feel supported and strengthened for what they have survived instead of feeling isolated and unacknowledged in their grief, particularly during the holiday season; now, therefore, be it

RESOLVED, That the San Francisco Health Commission does hereby proclaim November 20th to December 20th of each year as Survivor of Homicide Victims Awareness Month in the City and County of San Francisco.

I hereby certify that the foregoing resolution was approved by the Health Commission at its November 9, 2004 meeting.

Michele M. Olson
Executive Secretary to the Health Commission

Health Commission
City and County of San Francisco
Resolution No. 19-04

Endorsing the Update of the San Francisco Department of Public Health's Strategic Plan

WHEREAS, in December 2000, the San Francisco Health Commission adopted the Department of Public Health's first Strategic Plan: *Leading the Way to a Healthier Community 2000*; and

WHEREAS, the Department developed the 2000 Strategic Plan with a lifespan of three to five years; and

WHEREAS, in November 2003, the Health Commission directed the Department to undertake a review and update of the 2000 Strategic Plan; and

WHEREAS, the purpose of the Department's strategic planning effort has been to: 1) respond to San Francisco's changing demographic and health needs, 2) plan with the community for health improvement, 3) strengthen the Department's prevention efforts, 4) identify the populations the Department should target for its services, 5) develop program priorities to maximize the effectiveness of limited resources, and 6) respond to critical funding trends confronting public health and health care; and

WHEREAS, the Department faces conflicting trends that threaten the Department's health service system – decreasing revenue and increasing demand for services; and

WHEREAS, strategic planning recognizes that the Department must prioritize services in order to provide care and services within its budgeted allocation; and

WHEREAS, the strategic planning update initiative is: 1) designed to maintain the Department's current mission and vision statements, 2) based on the assumption that the Department will continue its two roles in health – providing population-based public health activities and delivering clinical health care services, 3) aware that the Department must adhere to federal and State regulatory and statutory requirements for licensing, accreditation, and funding, and 4) consistent with adopted Health Commission policies and resolutions; and

WHEREAS, the strategic planning update initiative is grounded in a number of guiding principles, including: 1) ensuring that the Department develops a clear strategy for fulfilling its mission and vision statements, 2) taking a broad view of health, including the many social determinants that impact the community's health (e.g., income, education, housing), 3) continuing its public health and health care delivery functions, 4) using health data (qualitative and quantitative), community

needs, health mandates, and program evaluation to guide the development of the Department's services, 5) ensuring that health services are comprehensive and integrated, 6) emphasizing primary prevention activities, 7) improving service integration within Population Health and Prevention and the Community Health Network, between the Department and community partners, between the Department and other City departments, and in the contracting process, 8) blending revenues to support integration, 9) recommending legislative advocacy strategies that further the Department's mission and vision, and 10) recognizing current fiscal realities but not being driven by them; and

WHEREAS, explicit process guidelines were used in updating the strategic plan and include a process that is: 1) open to community, staff, and consumer input, 2) culturally and linguistically competent, 3) based on development of consensus recommendations and respectful of community, staff, and consumer input, and 4) completed within the timeline established by the Health Commission; and

WHEREAS, the Department received input from 433 San Franciscans, including 412 in face-to-face interactions through community and staff Town Hall meetings, and 21 in web-based responses through the Department's e-mail survey; and

WHEREAS, all comments and concerns were recorded, posted on-line through the Department's Strategic Planning web site, and incorporated into a master document used to update the Strategic Plan; and

WHEREAS, this updated Strategic Plan identified the following goals based on evaluation of the 2000 Strategic Plan, internal and external assessments, needs assessments and other health data and reports, and community and staff input:

Goal 1: San Franciscans have access to the health data they need.
Goal 2: Disease and injury are prevented.
Goal 3: Services, programs, and facilities are cost-effective and resources are maximized.
Goal 4: Partnerships with communities are created and sustained to assess, develop, implement, and advocate for health funding, policies, programs, and services; and

WHEREAS, each goal consists of objectives, and each objective consists of strategies wherein meeting strategies fulfills objectives, meeting objectives fulfills goals, and meeting goals fulfills the Department's mission and vision; and

WHEREAS, this updated Strategic Plan should be used by the Department for a period of three to five years, and guide the development of the Department's budget; now, therefore, be it

RESOLVED, that the Health Commission adopts the Department's updated Strategic Plan, including its goals, objectives, and strategies; and be it

FURTHER RESOLVED that the Health Commission directs the Department to use the updated Strategic Plan in the development of the Department's 2005-06 budget and for future years' budgets for the lifespan of the Plan; and be it

FURTHER RESOLVED that the Health Commission directs the Department to develop an implementation and evaluation plan for this updated Strategic Plan; and be it

FURTHER RESOLVED that the Department shall monitor and evaluate the outcomes and indicators of each strategy, objective, and goal and report periodically to the Health Commission.

I hereby certify that the foregoing resolution was approved by the Health Commission at its November 9, 2004 meeting.

_____

Michele M. Olson
Executive Secretary to the Health Commission

My name is Giselle Clark-Ibanez and I work as a case manager for LifeLines. I spoke to many clients who wanted to be hear today but couldn't because of their sick or working. They wanted me to read these statements for them.

Kathy Bonanno
"LifeLines really helped me finish my breast cancer treatment. I live in Bayview Hunter's Point and I don't feel safe waiting too long at the bus stop by my house. LifeLines was able to provide me with transportation everyday during my six weeks of radiation appointments. I don't think I would have gone if they didn't send a car for me. They were lifesavers."

Sandra Fuller
"LifeLines came into my life during a very difficult time. I had just been diagnosed and I didn't understand why. During this very sad time I had to deal with hospital bills which I didn't know how to pay for. I considered stopping my treatment because I didn't think I could pay for my treatment. LifeLines hooked me up with financial services so that I could relax and get my treatment.

Then during chemotherapy, when I was so sick and weak, LifeLines delivered meals to me everyday. When my 6 year old granddaughter was dropped on my doorstop, LifeLines delivered meals to her too. I don't know how I would have taken care of myself or her if I hadn't had those meals. It's the God Heaven's truth.

I'm still dealing with painful side-effects but LifeLines helped me get through the very rough times of my cancer treatment. They helped me survive. They still help me today. This is from my heart and if you think I didn't say this, call me. Giselle can give you my number."

Valerie Bell
"I was diagnosed with breast cancer soon after I was laid off from my job. I was unemployed and moved in with my elderly mother. I felt useless and confused. LifeLines is a great support system for me. They helped me get a wig and prosthesis for free. The financial assistance was extremely helpful. It was nice that I could just call them and they would help me find the things I needed or they would just listen to me – I don't have too many people in my life that just listen and don't judge me. I didn't have to spend my days anymore calling five different services and leaving messages, and playing phone tag to get help. I called LifeLines once and they took action to help me."

Maria Tantiado

"When I was newly diagnosed with breast cancer, Lifelines was such an incredible support. Just knowing that there was a program like Lifelines lifted my spirits in a time when I was scared and overwhelmed. A Lifelines staff member came to my home and offered meal delivery for my children and me, transportation to my treatment, assistance in applying for social services, a volunteer to help me around the house, and free massage to top it off. I signed up for all of it! I never would have imagined when I was first told I had breast cancer that I would have the support of a whole program!"

Another client: Maria Krystal

"Lifelines has been a tremendous part of my life. I am an immigrant to this country and very much alone. Lifelines has become my family in a time of need. I don't have anyone else. I can't imagine being able to go through this whole process alone. Someone from Lifelines has been beside me, supporting me through every step of my struggle with breast cancer. I hope that I will not have to lose this incredible support."

HEALTH COMMISSION
City and County of San Francisco
Resolution No. _____

AUTHORIZING THE PROPOSED FISCAL YEAR 2004-2005 MID-YEAR BUDGET CUTS

WHEREAS, the Fiscal Year 2004-05 budget was built on the assumption that a sales tax increase (Proposition J) and a business tax (Proposition K) would be approved by San Francisco voters; and,

WHEREAS, As a result of Proposition J and Proposition K not passing, the City will lose $97 million in revenue over an eighteen-month period; and,

WHEREAS, the Mayor has emphasized the importance of taking immediate action to close this shortfall, and prepared a plan to achieve the $97 million reduction required to balance the budget; and,

WHEREAS, included in this plan is a $15.5 million reduction to the Department of Public Health's budget over the eighteen-month period; and,

WHEREAS, due to the fact that the Department of Public Health already eliminated 130 FTEs and $18.5 million from Administration, the proposed budget cuts are heavily weighted towards programs rather than administrative expenses and will have significant service impacts; and,

WHEREAS, the Health Commission is extremely concerned that the health care safety net, already worn thin after consecutive years of significant budget cuts, is being dismantled; now, therefore, be it

RESOLVED, that the Health Commission strongly urges the Mayor and the Board of Supervisors to identify new revenues and fees that could close the City's budget shortfall without further reducing vitally needed safety net services; and, be it

FURTHER RESOLVED, the Health Commission requests that Shanti Lifelines Breast Cancer Case Management and the NICO anti-gambling initiative be funded for the remainder of FY 2004-2005; and be it

FURTHER RESOLVED, that the Health Commission urges the Mayor and the Board of Supervisors to maintain at least half of the HIV/AIDS integrated case management/peer advocacy services and mitigate the cuts to the Primary Care network, including the managerial medical social workers; and be it

FURTHER RESOLVED, that the Health Commission authorizes the Director of the Department of Public Health to implement the cuts laid out in the Mayor's budget reduction plan.

I hereby certify that the foregoing resolution was approved by the Health Commission at its November 9, 2004 meeting.

_____

Michele M. Olson
Executive Secretary to the Health Commission

San Francisco Department of Public Health

AGENDA: HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

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Tuesday, November 16, 2004, at 3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. AT 101 GROVE.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 9, 2004
*Minutes of the meeting of November 9, 2004

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) AIDS OFFICE-HIV Prevention – Request for approval of a retroactive contract modification with Harder+Company Community Research, in the amount of $55,274, for an increased contract total of $175,274, to provide technical support services to the HIV Prevention Planning Council and additional RFP support services, for the period of April 1, 2004 through December 31, 2004.
* Contract summary

(3.2) CHPP-Health Promotion – Request for approval of a retroactive contract renewal with the International Institute of San Francisco, in the amount of $223,833, to provide preventive health services, including outreach, medical interpretation, health education and referrals to documented refugees and immigrants, for the period of October 1, 2004 through September 30, 2005.
* Contract summary, Monitoring report summary, Response, Client demographic information form

(3.3) BHS-Mental Health/Substance Abuse – Request for approval of a retroactive contract renewal with Larkin Street Youth Services, in the amount of $358,481 per year, for a total contract value of $1,433,924, to provide substance abuse prevention and mental health services targeting homeless and runaway youth, for the period of July 1, 2004 through June 30, 2008.
* Contract summary, Monitoring report summary, Response, Corrective action plan, Client demographic information form

4) FOR DISCUSSION: DIRECTOR'S REPORT

(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
*Director's Report

5) PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF NOVEMBER
*List of Awardees

6) FOR ACTION: ADOPTING FINDINGS PURSUANT TO THE CALIFORNIA ENVIRONMENTAL QUALITY ACT FOR THE HUNTERS POINT SHIPYARD REDEVELOPMENT PROJECT
(Rajiv Bhatia, M.D., Director, Environmental Health Section)
*Staff Memo and Attachments, Draft Resolution and Attachments

7) FOR ACTION: APPROVING AN ORDINANCE ADDING ARTICLE 31 TO THE HEALTH CODE AND AMENDING SECTIONS 659, 1120.1 AND 1227 OF THE HEALTH CODE TO ESTABLISH SPECIAL RESTRICTIONS FOR ACTIVITIES ON THE HUNTERS POINT SHIPYARD AND MAKING ENVIRONMENTAL FINDINGS; AND APPROVING REGULATIONS IMPLEMENTING THE PROPOSED ORDINANCE
(Rajiv Bhatia, M.D., Director, Environmental Health Section)
*Draft Resolution, Health Code Amendments, Regulations

8) FOR ACTION: AUTHORIZING THE DIRECTOR OF HEALTH TO ENTER INTO AN INTERAGENCY COOPERATION AGREEMENT IN FURTHERANCE OF THE IMPLEMENTATION OF THE HUNTER'S POINT SHIPYARD REDEVELOPMENT PLAN
(Rajiv Bhatia, M.D., Director, Environmental Health Section)
*Draft Resolution, Interagency Agreement

9) FOR DISCUSSION: DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT
(Anne Kronenberg, Deputy Director of Health, and Frances Culp, Health Program Planner, Policy and Planning)
*Annual Report

10) FOR ACTION: CONSIDERATION OF A RESOLUTION URGING THE ACCEPTANCE OF FOOD ASSISTANCE AT THE ALEMANY FARMERS MARKET
(Rajiv Bhatia, M.D., Director, Environmental Health Section)
*Memo, Draft Resolution

11) PUBLIC COMMENT/OTHER BUSINESS**

12) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.
** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Documents relating to items #6, #7, and #8 (Acrobat files):

- California Environmental Quality Act Findings
- Exhibit 1: Hunters Point Shipyard Feir Mitigation Monitoring and Reporting Program
- Final HPS Parcel A Environmental Issues
- Hunters Point FEIR Mitigation Monitoring and Reporting Program, Exhibit 1
- Hunters Point Shipyard Interagency Cooperation Agreement Phase 1 Development
- Legislative Digest: Ordinance adding Article 31 to the Health Code and amending sections 659, 1120.1 and 1227 of the Health Code to establish special restrictions for activities on the Hunters Point Shipyard
- Memo and Staff Report
- Ordinance adding Article 31 to the Health Code and amending sections 659, 1120.1 and 1227 of the Health Code
- Parcel A, Article 31 Map
- Parcel A: Hunters Point Shipyard Regulations Under Health Code Article 31
- Proposed Resolution: Adopting Findings Pursuant to the California Environmental Quality Act for the Hunters Point Shipyard Redevelopment Project
- Proposed Resolution: Approving an Ordinance Adding Article 31 To the Health Code and Amending Sections 659, 1120.1 and 1227 of the Health Code To Establish Special Restrictions for Activities on the Hunters Point Shipyard
- Proposed Resolution: Authorizing the Director of Health To Enter Into an Interagency Cooperation Agreement In Furtherance of the Implementation of the Hunter's Point Shipyard Redevelopment Plan
- Attachments:
  - Corrected Attachment A Parcel A Map
  - Attachment B - Site Summary
  - Corrected Attachment C EPA
  - Attachment D - DTSC
  - Attachment E RWQCB
  - Attachment F, Final Finding of Suitability to Transfer for Parcel A
  - Attachment G Bldg 322
  - Attachment H T&R
  - Attachment I DPH lbp
  - Attachment J-1 Widner Resume
  - Attachment J-2 Widner Letter
  - Attachment K Anspaugh Review
  - Attachment L Mitigation Chart
  - Corrected Attachment M Article 31
  - Attachment N Parcel E Landfill
  - Attachment O ATSDR

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Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

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MINUTES

HEALTH COMMISSION MEETING

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DEC - 3 2004

SAN FRANCISCO
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Tuesday, November 16, 2004
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:12 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W.
Commissioner James M. Illig
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Lee Ann Monfredini, Vice President
Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 9, 2004

Action Taken: The Commission (Chow, Guy, Illig, Umekubo) approved the minutes of the November 16, 2004 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Guy chaired and Commissioner Illig attended the Budget Committee meeting.

(3.1) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive contract modification with Harder+Company Community Research, in the amount of $55,274, for an

increased contract total of $175,274, to provide technical support services to the HIV Prevention Planning Council and additional RFP support services, for the period of April 1, 2004 through December 31, 2004.

(3.2) **CHPP-Health Promotion** – Request for approval of a retroactive contract renewal with the International Institute of San Francisco, in the amount of $223,833, to provide preventive health services, including outreach, medical interpretation, health education and referrals to documented refugees and immigrants, for the period of October 1, 2004 through September 30, 2005.

Commissioners' Comments

- Commissioner Illig commented that the relationship with the International Institute of San Francisco does not seem like an independent contract relationship. If this is the case, the contractor should not be held to the same requirements as other agencies, such as the cultural competency report. Ms. Erwin, DPH program manager, said she and Margi Dunlap, executive director of the agency have had specific discussions with Norm Nickens regarding the requirement for a cultural competency report, and it is required. Commissioner Illig requested that if Ms. Dunlap had specific recommendations for how the contracting relationship could be improved, to submit them in writing.

(3.3) **BHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Larkin Street Youth Services, in the amount of $358,481 per year, for a total contract value of $1,433,924, to provide substance abuse prevention and mental health services targeting homeless and runaway youth, for the period of July 1, 2004 through June 30, 2008.

Commissioners' Comments

- Commissioner Guy welcomed Ms. Price, the new executive director. She asked if Ms. Price was committed to the actions outlined in the Corrective Action Plan. Ms. Price said she is fully committed.

Action Taken: The Health Commission (Chow, Guy, Illig, Umekubo) approved the Budget Committee Consent Calendar.

4) DIRECTOR'S REPORT

Mitch Katz, M.D., Director of Health, presented the Director's Report.

DUI Prevention

The Department's Traffic and Pedestrian Safety Program, in Community Health Promotion and Prevention, received a grant from the State Office of Traffic Safety, for the *San Francisco Attitudes and DUI Prevention* project. The purpose of the grant was to raise awareness of the dangers of driving under the influence (DUI). On November 11th, DPH, with help from a number of community partners, kicked off the "Bar Nights" campaign, to inform bar-goers about the costs of, and alternatives to, drinking and driving *before* they receive a DUI. During "Bar Nights", volunteers from the Kappa Kappa Gamma Sorority House at the University of California, Berkeley (all over 21) engaged bar-goers in conversations about DUI, while handing out cocktail napkins and wallet cards with information on DUI costs and transportation alternatives. Posters in the bathrooms warn of the financial and emotional costs of DUI, and the need to make a plan before you leave your house or office for drinks or dinner.

The taxi cards were a huge hit. Media coverage of the kickoff was excellent, with stories in the SF Chronicle, Examiner, Oakland Tribune, etc., and on KCBS, KTVU, KSRO, KFOG, and others. An additional series of Bar Nights is planned.

Working at Laguna Honda Hospital

Yesterday Dr. Katz began working as a ward physician at Laguna Honda Hospital (LHH). As the Commission is aware, he is a member of the LHH medical staff but has not had a chance to work there for a while due to providing medical care at SFGH, Southeast Health Center, and Silver Avenue Health Center.

Dr. Katz is glad to be back at LHH. He is proud of the excellent care provided to an extremely diverse group of patients, and he intends to continue to work both clinically and administratively to make LHH a continued success. He described for the Commission on of the complex patients he admitted to LHH earlier in the day.

San Francisco General Hospital Credentials Report for November (from 11/08/04 MED and 11/10/04 SFGH JCC

	11/04	07/04 to 11/04
New Appointments	19	98
Reinstatements	0	0
Reappointments	26	172
Delinquencies:		0
Reappointment Denials:		0
Resigned/Retired:	14	77
Disciplinary Actions		0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	4	39
Voluntary Relinquishments	4	20
Proctorship Completed	11	40

Current Statistics – as of 11/1/04	
Active Staff	450
Affiliate Professionals (non-physicians)	182
Courtesy Staff	529
TOTAL MEMBERS	1,161

Applications In Process	24	
Applications Withdrawn Month of November 2004	0	5 (07/04 to 11/04)
SFGH Reappointments in Process Dec. 2004 to Mar. 2005	201	

Commissioners' Comments

- Commissioner Illig asked if there was an update to the actions the Commission took at its last meeting regarding the budget cuts. Dr. Katz replied that he forwarded the resolution and specific recommendations to the Mayor's Office. The Mayor's Office has not made any final decisions.

- Commissioner Guy is pleased that Dr. Katz is attending at Laguna Honda Hospital this month. It is important that the Commission and public hear that the decisions that are made are working in terms of individual cases.

5) PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF NOVEMBER

Commissioner Guy presented the Employee Recognition Awards for November.

Team Awardee	Division	Nominated By
Pediatric Asthma Clinic - Shannon Thyne, M.D. - Nan Madden, PNP - Gail Herrick, R.N. - Trina Stella, R.N. - Yu Ruo Wang, R.N. - Arthur Hill, Community Health Worker - Sylvia Raymundo, Community Health Worker	Children's Health Center, SFGH	Cleo Moore, R.N., Nurse Manager

6) ADOPTING FINDINGS PURSUANT TO THE CALIFORNIA ENVIRONMENTAL QUALITY ACT FOR THE HUNTERS POINT SHIPYARD REDEVELOPMENT PROJECT

Items 6, 7 and 8 were presented together. Michael Cohen from the Mayor's Office of Economic Development provided background on the Hunters Point Shipyard and an overview of the action pending before the Redevelopment Agency, which is the transfer of Parcel A. He described key dates in the City's effort to redevelop the shipyard including the closing of the shipyard in 1974, the placement on the shipyard on the list of "Superfund" clean up sites in 1989 (it was de-listed in 1999), the creation of the Hunters Point Shipyard Citizens Advisory Committee in 1991, and the adoption of the Hunters Point Shipyard Redevelopment Plan in 1997. In December 2003, the Redevelopment Agency entered into a development agreement with Lennar/BVHP for the first phase of development of the shipyard. In May 2004, the Redevelopment Agency entered into a legally binding Conveyance Agreement with the United States Navy governing the conveyance of the parcels at the shipyard. Parcel A is now ready to be transferred. Recently, after 14 years of study, all of the relevant federal, state and local environmental agencies agree that it is safe for the Navy to transfer Parcel A to the Redevelopment Agency for residential use.

In addition to the formal environmental regulatory processes governing Parcel A, the Redevelopment Agency and the City have independently confirmed that Parcel A is safe for residential reuse. In addition, new city ordinances have been designed to ensure that development activities at the shipyard are closely monitored. The amendment to the Health Code Ordinance that is being considered by the Health Commission is one such ordinance. Finally, Mr. Cohen noted that if unexpected environmental conditions are encountered after Parcel A has been transferred by the Navy, the Navy remains legally responsible for cleaning up such contamination.

Rajiv Bhatia, M.D., Director of the Department of Public Health's Environmental Health Section (EHS) and Amy Brown, also with EHS, provided an overview of the actions before the Health Commission. Dr. Bhatia said that based on all investigations and actions to date, he does not anticipate any health risks as a result of development on the shipyard. The regulatory requirements under proposed Article 31 of the Health Code will add an additional layer of caution and protection during the redevelopment process. Best practices for mitigation, soil transport and monitoring for contaminated areas will be used to prevent any harmful exposure on Parcel A. He also spoke about the broader health concerns of Bayview Hunters Point. The Health Department has been involved in numerous investigations and assessments about health risks in the community. These investigations demonstrated that residents to have greater rates of hospitalization due to chronic disease, shorter life expectancy, higher rates homicide. But the investigations found that there are many factors that contribute to this—inadequate housing, lack of access to nutritious food, violence, etc. The Department's focus on these broader conditions has led to some improvements in health.

Amy Brownell, Department of Public Health, overviewed the specifics of the actions before the Health Commission. The three actions are:

- CEQA Findings – Adoption of California Environmental Quality Act (CEQA) findings as required under the CEQA statute
- Health Code Amendments – Adoption of an environmental ordinance to govern redevelopment and ensure that conditions at Parcel A remain protective of human health and environment
- Interagency Cooperation Agreement – Execution of an Interagency Cooperation Agreement to facilitate cooperation among City departments and the San Francisco Redevelopment Agency with respect to compliance with City laws.

Saul Bloom, chair of the Redevelopment Agency's Citizens Advisory Committee's Environment Reuse Committee and executive Director of Arc Ecology, said he is confident that the necessary actions have been taken to secure the public's health. Mitigation is at the core of protecting public health and the environment. There are facilities that generate pollution in Bayview Hunters Point and have a negative impact on the community, and these facilities do not receive the scrutiny they need. The shipyard is not one of these. He shared the one remaining concern of the CAC, which is the enforcement of mitigation measure. Mitigation measures that lack proper enforcement mechanisms do not have the power to protect the community. Enforcement is a necessary component in making activities a success, and this remains to be negotiated. That said, the community has had substantial success in cleaning up the shipyard and he hopes the community will someday see the fruits of this labor.

Public testimony was taken for each item.

Public Testimony

- Francisco De Costa said the Commissioners did not hear anything about the shipyard being a Superfund site. The Commission should focus on the problems about the shipyard, not the overall negative conditions of Bayview Hunters Point.

- Espanola Jackson said the City was never concerned about the clean up of the shipyard. There was not a RAB board in San Francisco until the 1990s. The RAB board is the important entity, not the Citizens Advisory Committee.

- Dr. Ahimsa Sumchai, founding chair of Radiological Subcommittee of the RAB, encouraged the Commission not to adopt the CEQA resolution because it is not true. A document has been published that shows there is radiation on the site.

- Linda Richardson acknowledged the efforts of Mayor Willie Brown, Senator Feinstein and Congresswoman Pelosi for their work on the shipyard. The Bayview Hunters Point community has worked closely with the Department of Public Health to bring about environmental awareness. The community is actively engaged in this process, and is watching closely. They are ready for development.

- Dr. Raymond Tompkins, associate professor of chemistry at San Francisco State University, said the report on the shipyard is grievously flawed. The report never looked at the sewage system. The Navy's practice was to pour radiological materials down the drain. The City needs stricter regulations on this matter.

- Jim Salinas spoke on behalf of the members of Carpenters Union Local 22 and urged the Commission to support the resolution. The city and developer has met due diligence. He hopes the developer puts union members in the Bayview Hunters Point community to work.

- Azalio Merrell, Local 22 union carpenter, said the developer has assured them that this will be a 100 percent union job and provide community employment. She will be able to work on this development and afford to live there.

- Charlie Walker said let's get moving at the shipyard and put people to work. If we can put a man on the moon, we should be able to get the shipyard going.

- Darnell Ingram, Carpenters Union Local 22, asked the Commission to move forward so the community can have affordable housing and jobs.

- Kevyn Lutton, member of the Restoration Advisory Board, said the RAB has been fighting very hard for adequate cleanup and they have been steamrolled by the Redevelopment Agency. So they are concerned that the Redevelopment Agency will be responsible for monitoring this project.

- Essie Mormen said her family has had to leave the area because of illness. Doctors have said that there should be a 10-year study of the affects of the Superfund site. The community needs help with men getting prostate cancer, women breast cancer, kids asthma, etc. She does not agree to transfer parcel.

- Marie Harrison, member of the RAB, expressed concerns about the process. The city has managed to dig more ditches and separate this community. The community members put in a lot of hours and should be afforded the opportunity to be heard. She has vested interested in the shipyard being cleaned to its utmost. Please take two steps back before you make and error.

- Michael Lyon, Gray Panthers, asked why the Health Commission is considering adding other factors to the already negative conditions in Bayview Hunters Point?

- Olin Webb, Bayview Hunters Point Community Advocates, said the history has been to not do anything in Hunters Point. He wants black contractors to participate in the clean up actions that are underway. He is supportive of the actions. Let's learn how to clean this place up, and be part of the action.

- Willie Ratcliffe, Bay View Newspaper, said the Bayview is not a poor community and has the highest rate of homeownership. But there has not been any investigation about why people are dying in the community and we should not put more factors out there until we know why. This is the Health Commission's responsibility. Do not get on the train with the developers.

- Reverend Ted Frazier, Black American Political Association of Northern California, said there are health problems in the community that need to be looked at, but he is supportive of the actions before the Health Commission because lack of jobs and economic development are part of the problem. The situation should be continuously monitored by move forward.

Commissioners' Comments

- Commissioner Illig asked for a clarification of the difference between the Restoration Advisory Board (RAB) and the Citizens Advisory Committee (CAC). Ms. Brownell replied that the RAB is a Navy-appointed body and advises the Navy on the shipyard. The CAC is an advisory body to the Redevelopment Agency. Commissioner Illig asked if the RAB approved the transfer. Ms. Brownell said the RAB was not involved in the approval for this issue.

- Commissioner Umekubo asked for clarification about the Navy's liability in the event of unforeseen events. Ms. Brownell said the developer has an insurance policy that will be tapped into in the event additional clean up is required so that clean up can occur in a timely manner. Then the developer would pursue the Navy for reimbursement.

- Commissioner Guy asked the radiation experts retained by the Department to comment on their findings. Tom Widner, Certified Health Physicist and Industrial Hygienist with ChemRisk, reviewed all reports provided by the City and the Navy. With regard to the storm drain, there are some contaminated areas on the shipyard. However, based on the information provided to him, Parcel A sewers are safe, even during high storm flow. Commissioner Guy asked what leverage is available on Parcel A and other parcels if, in the future, other contamination is found. Ms. Brownell said that the Navy would pay the cost of dealing with undiscovered contaminants on Parcel A. The Navy still owns the other parcels, and is responsible for the clean up, and it has to be done properly. Commissioner Guy asked for clarification about the CEQA resolution that is before the Health Commission. Elaine Warren, Deputy City Attorney, said the CEQA findings are before the Commission because the actions before the Health Commission are part of the implementation of the Redevelopment Plan, and the CEQA documents where done on the plan and its implementing actions. Before the Commission takes actions in furtherance of the plan, it needs

to adopt CEQA findings that ask that the Commission consider the information in the CEQA documents, agree to adopt the mitigation measures, with the Health Ordinance one of the tools to implement theses implementation measures, and acknowledge that even though there are certain impacts that cannot be mitigated fully, the project has benefits that warrant moving ahead with the implementation of the Redevelopment Plan.

Action Taken: The Commission (Chow, Guy, Illig, Umekubo) approved Resolution 21-04, "Adopting Findings Pursuant to the California Environmental Quality Act for the Hunters Point Shipyard Redevelopment Project," (Attachment A).

7) **APPROVING AN ORDINANCE ADDING ARTICLE 31 TO THE HEALTH CODE AND AMENDING SECTIONS 659, 1120.1 AND 1227 OF THE HEALTH CODE TO ESTABLISH SPECIAL RESTRICTIONS FOR ACTIVITIES ON THE HUNTERS POINT SHIPYARD AND MAKING ENVIRONMENTAL FINDINGS; AND APPROVING REGULATIONS IMPLEMENTING THE PROPOSED ORDINANCE**

(See notes from Item 6)

Public Comment

- Clifton Smith, technical advisory to community coalition, said the main community concern is that they be adequately protected. This has not been done, as there is more clean up required.

- Kevyn Lutton said the EPA takes second seat to business interests and their approval is no protection. Lenar is a business, and the community has been ignored.

- Dr. Ahimsa Sumchai asked the Health Commission not to adopt Article 31 because it is wrong.

- Dr. Raymond Tompkins said he is very much for development, but he wants it to be safe and sound. It is the responsibility of the Health Commission to protect all the people. And there needs to be stricter enforcement of dust reduction because of the increase sensibility of people of color to certain heavy metals. The Navy has been a horrible landlord and the Redevelopment Agency does not take any actions. DPH must monitor compliance with the regulations.

- Jim Salinas said the Health Commission must approve the proposed ordinance in order to implement the required mitigation.

- Willie Ratcliffe, San Francisco Bay View Newspaper, said there has been no investigation of the Parcel E landfill so there is no way to know it is safe.

Action Taken: The Commission (Chow, Guy, Illig, Umekubo) approved the following amendment to the proposed resolution:

WHEREAS, on March 31, 2004, the San Francisco Redevelopment Agency and the Navy entered into a legally binding Conveyance Agreement governing the transfer of the shipyard (the "Conveyance Agreement); the Conveyance Agreement gives the City and the San Francisco Redevelopment Agency a number of tools above and beyond what is required under CERCLA to cause the greatest practicable level of cleanup

at the shipyard, including requiring that the State and Federal regulators concur that a parcel is safe for its intended use prior to the transfer, including Parcel E, and the Conveyance Agreement incorporates Federal laws that require the Navy to retain responsibility for unexpected environmental contaminants and to indemnify the San Francisco Redevelopment Agency and its transferees for such contaminants; therefore, be it

Action Taken: The Commission (Chow, Guy, Illig, Umekubo) approved Resolution 22-04, "Approving an Ordinance Adding Article 31 to the Health Code and Amending Sections 659, 1120.1 and 1227 of the Health Code to Establish Special Restrictions for Activities on The Hunters Point Shipyard to Address Potential Residual Contamination and to Authorize the Department Of Public Health to Implement These Restrictions, Impose Penalties, and Charge Fees to Defray the Costs of Implementation and Making Environmental Findings; and Approving Regulations Implementing the Proposed Ordinance," as amended (Attachment B).

8) AUTHORIZING THE DIRECTOR OF HEALTH TO ENTER INTO AN INTERAGENCY COOPERATION AGREEMENT IN FURTHERANCE OF THE IMPLEMENTATION OF THE HUNTER'S POINT SHIPYARD REDEVELOPMENT PLAN

(See notes from Item 6)

Public Comment

- Michele Senders, representing Senator Feinstein, urged the Commission to enter into the Interagency Cooperation Agreement. This project needs to move forward with this project with the developer.

- Clifton Smith said that CERCLA requires that the Commission makes sure that all regulatory requirements have been met to the fullest extent, which means the remaining environmental hot spots must be removed.

- Kevyn Lutton said the Navy is cleaning up according to the Redevelopment's Plan for each parcel's use. The Health Commission is not giving fair weight to residents who have been working on this issue.

- Dr. Ahimsa Sumchai asked the Commission to not enter into the Interagency Cooperation Agreement, as the Commission does not need to take any action at this time.

- Dr. Raymond Tompkins said if the Health Commission passes this resolution, it should make sure that there is a designated staff person to diligently monitor compliance with the regulations and requirements.

- Willie Ratcliffe, San Francisco Bay View Newspaper, is disappointed that the Commission has jumped on this train. It is environmental and economic racism.

Commissioners' Comments

- Commissioner Guy said this issue is polarized, and asked if DPH has contractual legitimacy for the actions they are approving so that the Department can focus on and be part of problem solving. Dr. Bhatia said Parcel A is clean and safe for people to develop and live on. The Department will maintain an ongoing level of scrutiny on all cleanup activities. Dr. Bhatia said the Department takes all concerns seriously, and other agencies respect DPH's opinions. Dr. Katz added that it is not surprising that there is distrust about science, because prior statements have been untrue and promises have been broken. He hopes that this distrust will be reversed when people see a thriving community instead of disuse. The added housing units and increased economic development will also positively impact health.

- Commissioner Chow said the added layer of regulations provided by the Health Code will provide more protection for the community.

Action Taken: The Commission (Chow, Guy, Illig, Umekubo) approved Resolution 23-04, "Authorizing the Director of Health to Enter Into an Interagency Cooperation Agreement in Furtherance of the Implementation of the Hunter's Point Shipyard Redevelopment Plan," (Attachment C).

9) DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT

This presentation was continued to a future Health Commission meeting.

10) CONSIDERATION OF A RESOLUTION URGING THE ACCEPTANCE OF FOOD ASSISTANCE AT THE ALEMANY FARMERS MARKET

This presentation was continued to a future Health Commission meeting.

11) PUBLIC COMMENT/OTHER BUSINESS

- Doerte Murry asked why the neighbors were not notified, pursuant to the Citizen's Right to Know Act, when Haight Ashbury Free Clinic started a new needle exchange program. She also asked if the Department has a plan for getting money back that was taken by the CFO of HAFC.

12) ADJOURNMENT

The meeting was adjourned at 5:48 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments: (3)

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

Health Commission
City and County of San Francisco
Resolution No. 21-04

ADOPTING FINDINGS PURSUANT TO THE CALIFORNIA ENVIRONMENTAL QUALITY ACT FOR THE HUNTERS POINT SHIPYARD REDEVELOPMENT PROJECT

WHEREAS, on April 19, 1993, by Resolution No. 306-93, the San Francisco Board of Supervisors designated the Hunters Point Shipyard Area as a Redevelopment Survey Area pursuant to California Health and Safety Code Section 33310, and

WHEREAS, the Hunters Point Shipyard consists of 936.37 acres of real property, together with the buildings, improvements and relate and other tangible personal property located thereon and all rights, easements and appurtenances there to that was closed pursuant to the Defense Base Closure and Realignment Act of 1990 (Public Law-510), as implemented by the 1993 base closure process, and

WHEREAS, in March, 1995, the Navy, the City and the San Francisco Redevelopment Agency ("Agency") developed the "Land Use Alternative and Proposed Draft Plan, Hunters Point Shipyard," which, along with amendments made in January, 1997 is the basis for the Redevelopment Plan for acquisition and reuse of the Shipyard ("Redevelopment Plan"), and

WHEREAS, by Resolution 92-97 the Agency Commission and by Ordinance 285-97 the Board of Supervisors adopted the Redevelopment Plan in 1997, prior to completion of the requisite environmental review under the California Environmental Quality Act, California Public Resources Code Sections. 21000 et seq. ("CEQA") as authorized by California Health and Safety Code Sections 33492.18 and 33492.22. These laws authorized adoption of the Redevelopment Plan prior to completion of the CEQA environmental review process provided that the Agency and Planning Commissions certified to CEQA compliance for the Redevelopment Plan within 30 months of the effective date of the ordinance adopting the Redevelopment Plan, and

WHEREAS, a joint Draft Environmental Impact Statement/Environmental Impact Report ("DEIS/DEIR") was prepared and issued for distribution to the public on November 14, 1997 by the Navy (through its Engineering Field Activity - West, Naval Facilities Engineering Command), along with the City (through its Planning Department), and the Agency. The DEIS/DEIR was prepared and circulated in accordance with the National Environmental Policy Act, 42 U.S.C.A. Sections 4321-4370 d ("NEPA"), CEQA, and the CEQA Guidelines, and four public hearings were held on December 10 and 11, 1997 and January 13 and 15, 1998, and

WHEREAS, as a result of public testimony, the Navy, the City and the Agency jointly decided that a Revised DEIS/DEIR should be prepared and circulated for further public review and comment which Revised DEIS/DEIR was published for such review on November 3, 1998. Two further public hearings were held on December 9 and 17, 1998, and the public comment period for written comments was extended until January 19, 1999, and

WHEREAS, subsequently, the City and the Agency decided to separate the environmental review under NEPA and CEQA, and the City and the Agency in January, 2000 issued the FEIR, which contains the Revised DEIS/DEIR and the City and Agency Response to Comments to the Revised DEIS/DEIR. The FEIR is a program Environmental Impact Report ("EIR") pursuant to Sections 15168 and 15180 of the Guidelines, and

WHEREAS, in accordance with NEPA, the Navy prepared an Environmental Impact Statement for the disposal of the Shipyard and a Record of Decision regarding the conveyance of the Shipyard that was issued on October 16, 2000, and

WHEREAS, on February 8, 2000, the Planning Commission and the Agency Commission reviewed and considered the FEIR, and by Motion No. 14981 and Resolution No. 11-2000, respectively, found that the contents of said report and the procedures through which the FEIR was prepared, publicized and reviewed complied with the provisions of CEQA and the CEQA Guidelines and Chapter 31 of the San Francisco Administrative Code, and

WHEREAS, by Motion No. 14981 and Resolution No. 11-2000 the Planning Commission and the Agency Commission also found that the FEIR was adequate, accurate and objective, reflected the independent judgment of each Commission and that the summary of Comments and Responses contained no significant revisions to the Draft Environmental Impact Report, adopted findings of significant impacts associated with the Redevelopment Plan and certified the completion of the FEIR for the Redevelopment Plan in compliance with CEQA and the CEQA Guidelines, and

WHEREAS, on February 8, 2000, the Agency Commission by Resolution 12-2000 reviewed and considered the FEIR and adopted environmental findings with respect to the FEIR, including a statement of overriding consideration and a mitigation monitoring and reporting program, as required by CEQA, and

WHEREAS, on November 19, 2003, as a result of the proposed Phase 1 Disposition and Development agreement ("DDA") for the Shipyard ("Phase 1"), the Planning Department issued a Memorandum to City Planning File No. 2003.0241 pursuant to CEQA Guidelines Section 15164 ("Addendum") to the FEIR finding that no changes have occurred that would indicate new significant impacts not identified in the FEIR, and no new mitigation measures would be necessary to reduce significant impacts, and

WHEREAS, the Planning Department further found that no changes have occurred with respect to circumstances surrounding the Project that would cause significant environmental impacts not analyzed in the FEIR, and no new information has become available that shows that the Project would cause significant environmental impacts and, therefore, no supplemental environmental review is required beyond the Addendum, and

WHEREAS, on December 2, 2003, the Agency Commission adopted Resolution No. 179-2003, which concurred with the Planning Department's determination regarding the Addendum to the FEIR and authorized the Agency to execute the Phase 1 DDA between the Agency and Lennar/BVHP LLC for the development of Phase 1 of the Project and found that, based on its review of the FEIR, the Addendum, the proposed modifications to the Project contemplated by the DDA, the Agency Director's memorandum and the public comments submitted, that the Project as modified would not require major revisions to the FEIR and that no further environmental review was necessary, and

WHEREAS, on April 29, 2004, by Resolution 50-2004, the Agency Commission authorized the execution of a conveyance agreement with the United States Department of the Navy ("Navy") concerning the Project site, the execution of a Security Services Cooperative Agreement with the Navy concerning the Project Site and the execution and approval of ancillary related documents and actions regarding the Project site. The Agency Commission found that based on its review of the FEIR, the Addendum, the proposed modifications to the Project contemplated by the Conveyance Agreement, the Agency Director's memorandum, the administrative record and the public comments submitted, that the Project as modified would not require major revisions to the FEIR and that no environmental review was necessary. A Notice of Determination was issued by the Department for the Project on May 5, 2004, and

WHEREAS, since the issuance of the Addendum no changes have occurred with respect to circumstances surrounding the Project that would cause significant environmental impacts not analyzed in the FEIR, and no new information has become available that shows that the Project would cause significant environmental impacts, and

WHEREAS, the FEIR files and other Project-related Planning Department and Agency files have been available for review by this Health Commission and the public, and those files are part of the record before this Health Commission, and

WHEREAS, the Planning Department has prepared proposed Findings, as required by CEQA, regarding the alternatives, mitigation measures and significant environmental impacts analyzed in the FEIR, as well as regarding the Addendum, and the overriding considerations for approving the Project, listed in Attachment A, and has prepared a proposed mitigation monitoring program, attached as Exhibit 1 to Attachment A, which material was made available to the public and this Health Commission for the Health Commission's review, consideration and actions, and

WHEREAS, the Planning Commission certified the FEIR and found the FEIR adequate, accurate and objective, and reflecting the independent judgment of the Planning Commission in Motion No. 14981, and

WHEREAS, the Project FEIR files have been made available for review by this Commission and the public. These files are available for public review by appointment at the Planning Department offices at 1660 Mission Street, and are part of the record before the Commission; now, therefore, be it

RESOLVED, that the Health Commission has reviewed and considered the FEIR and the Addendum and, in its own independent judgment and analysis, hereby adopts the Project Findings attached hereto as Attachment A, including its Exhibit, and incorporates the same herein by this reference; and be it

FURTHER RESOLVED, that the San Francisco Health Commission finds, based on substantial evidence in light of the whole record, that: (1) approval of the actions before it related to implementation of the Redevelopment Plan will not require important revisions to the FEIR as there are no new significant environmental effects or substantial increase in the severity of previously identified significant effects; (2) no substantial changes have occurred with respect to the circumstances under which the Project is undertaken that would require major revisions to the FEIR due to the involvement of new significant environmental effects, or a substantial increase in the severity of effects identified in the FEIR; and (3) no new information of substantial importance to the Project has become available which would indicate (a) the Project or the approval actions will have significant effects not discussed in the FEIR, (b) significant environmental effects will be substantially more severe; (c) mitigation measures or alternatives found not feasible which would reduce one or more significant effects have become feasible; or (d) mitigation measures or alternatives which are considerably

different from those in the FEIR would substantially reduce one or more significant effects on the environment.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of November 16, 2004.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment A: Findings, Exhibit 1 Mitigation Monitoring and Reporting Program (on file in the Health Commission Office)

Health Commission
City and County of San Francisco
Resolution No. 22-04

APPROVING AN ORDINANCE ADDING ARTICLE 31 TO THE HEALTH CODE AND AMENDING SECTIONS 659, 1120.1 AND 1227 OF THE HEALTH CODE TO ESTABLISH SPECIAL RESTRICTIONS FOR ACTIVITIES ON THE HUNTERS POINT SHIPYARD TO ADDRESS POTENTIAL RESIDUAL CONTAMINATION AND TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH TO IMPLEMENT THESE RESTRICTIONS, IMPOSE PENALTIES, AND CHARGE FEES TO DEFRAY THE COSTS OF IMPLEMENTATION AND MAKING ENVIRONMENTAL FINDINGS; AND APPROVING REGULATIONS IMPLEMENTING THE PROPOSED ORDINANCE

WHEREAS, the United States Navy has taken all actions necessary to clean up the land known as Parcel A of the Hunters Point Shipyard (HPS) and has obtained concurrence from the United States Environmental Protection Agency and state regulatory agencies that Parcel A can be transferred to the San Francisco Redevelopment Agency (SFRA) and used for unrestricted residential uses and open space consistent with the HPS Redevelopment Plan; and

WHEREAS, the SFRA intends to transfer ownership of Parcel A to a private developer, Lennar/BVHP, LLC for development and residential reuse in accordance with the Redevelopment Plan; and

WHEREAS, Parcel A of the HPS will be subject to the City's jurisdiction once it is transferred from the Navy; and

WHEREAS, Parcel A is currently exempt from Article 22A of the Health Code which requires an applicant for a building permit in areas of the City where historic fill is located to conduct soil sampling and manage any hazardous waste pursuant to a site mitigation plan approved by the Department of Public Health; and

WHEREAS, a new program is needed to establish a comprehensive approach to protect human health and safety and the environment and coordinate the various restrictions that apply to construction activities at the former HPS during and after development and to facilitate redevelopment as envisioned in the Redevelopment Plan; and

WHEREAS, the proposed ordinance repeals the existing exemption and requires applicants for City permits and approvals to meet certain requirements as determined by the Department of Public Health prior to obtaining City permits and approvals and makes compliance with requirements a condition of a permit or approval; and,

WHEREAS, the Board of Supervisors is considering companion ordinances amending the Building Code, Public Works Code and Subdivsion Code; and

WHEREAS, the proposed ordinance authorizes the Department of Public Health to recover its costs of implementation; and

WHEREAS, the proposed ordinance authorizes the Director of Health, with approval of the Health Commission, to adopt regulations to implement the ordinance; and

WHEREAS, the Director of Health has drafted and approved such regulations; and

WHEREAS, the proposed ordinances and regulations were prepared by Department staff, working with the Mayor's Office, the City Attorney's Office and the SFRA, and in consultation with interested members of the community, members of the Navy's Restoration Advisory Board, the SFRA's Citizen's Advisory Committee, federal and state environmental regulators, the Departments of Public Works, Building Inspection and Public Utilities, other City officials and Lennar/BVHP; and

WHEREAS, in accordance with the actions contemplated herein, this Commission adopted Resolution No.21-04, concerning findings pursuant to the California Environmental Quality Act (California Public Resources Code sections 21000 et seq.). Said Resolution is on file with the Secretary of the Health Commission and is incorporated herein by reference; and

WHEREAS, on March 31, 2004, the San Francisco Redevelopment Agency and the Navy entered into a legally binding Conveyance Agreement governing the transfer of the shipyard (the "Conveyance Agreement); the Conveyance Agreement gives the City and the San Francisco Redevelopment Agency a number of tools above and beyond what is required under CERCLA to cause the greatest practicable level of cleanup at the shipyard, including requiring that the State and Federal regulators concur that a parcel is safe for its intended use prior to the transfer, including Parcel E, and the Conveyance Agreement incorporates Federal laws that require the Navy to retain responsibility for unexpected environmental contaminants and to indemnify the San Francisco Redevelopment Agency and its transferees for such contaminants; therefore, be it

RESOLVED, that the Health Commission approves the proposed amendments to the Health Code; and be it

FURTHER RESOLVED, that the Health Commission recommends these amendments to the Board of Supervisors; and be it

FURTHER RESOLVED, that the Health Commission adopts the implementing regulations approved by the Director to become effective on the effective date of the Health Code amendments.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of November 16, 2004.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments:
Proposed Ordinance Amending the Health Code (on file in the Health Commission Office)
Proposed Implementing Regulations (on file in the Health Commission Office)

Health Commission
City and County of San Francisco
Resolution No. 23-04

AUTHORIZING THE DIRECTOR OF HEALTH TO ENTER INTO AN INTERAGENCY COOPERATION AGREEMENT IN FURTHERANCE OF THE IMPLEMENTATION OF THE HUNTER'S POINT SHIPYARD REDEVELOPMENT PLAN

WHEREAS, on July 14, 1997, by Ordinance No. 285-97, the Board of Supervisors approved a Redevelopment Plan for the Hunters Point Shipyard (HPS) (Redevelopment Plan); and

WHEREAS, in order to facilitate the implementation of the Redevelopment Plan, the San Francisco Redevelopment Agency (SFRA) and Lennar/BVHP LLC, a California limited liability company doing business as Lennar/BVHP Partners (the Developer) have entered into a Disposition and Development Agreement for Hunters Point Phase 1 (Phase 1 DDA), dated as of December 2, 2003, regarding the development of the area subject to the Phase 1 DDA by the Developer and its Transferees as defined and permitted under the Phase 1 DDA; and

WHEREAS, pursuant to Sections 33220, 33343, 33344 and 33370 of the Community Redevelopment Law of California, and in order to promote development in accordance with objectives and purposes of the Redevelopment Plan and documents relating to the Redevelopment Plan, the City intends to undertake and complete proceedings and actions necessary to be carried out by the City under the provisions of the Redevelopment Plan and provide for the expenditure of monies by the community in carrying out the Redevelopment Plan, and, specifically, the City wishes to enter into an Interagency Cooperation Agreement with the SFRA for the Phase I development of the HPS area to provide for cooperation between the City and the SFRA in administering the process for control and approval of subdivisions, and all other applicable land use, development, construction, improvement, infrastructure, occupancy and use requirements and in establishing the City regulations, policies and procedures relating to such approvals, all as more particularly set forth in the Interagency Cooperation Agreement, a copy of which is attached and hereby incorporated; and

WHEREAS, the Interagency Cooperation Agreement provides the framework and will facilitate cooperation among agencies of the City, including the Departments of Public Health, Building Inspection, Public Works and Public Utilities, and the SFRA with respect to the review and approval of permits, entitlements, agreements, subdivision maps and such other actions as may be required, such as implementation of the HPS environmental ordinance, including Article 31, to permit development in the Phase 1 Area; and

WHEREAS, Execution of the Interagency Cooperation Agreement is necessary to effectively implement the Redevelopment Plan; and

WHEREAS, in accordance with the actions contemplated herein, this Commission adopted Resolution No. 21-04, concerning findings pursuant to the California Environmental Quality Act (California Public Resources Code sections 21000 et seq.). Said Resolution is on file with the Secretary of the Health Commission and is incorporated herein by reference; therefore, be it

RESOLVED, that the Health Commission authorizes the Director of Health to enter into the Interagency Cooperative Agreement.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of November 16, 2004.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment A: Interagency Cooperation Agreement (on file in the Health Commission Office)

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, December 7, 2004
at
3:00 p.m.
101 GROVE STREET
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. AT 101 GROVE STREET

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 16, 2004**
**Minutes of the meeting of November 16, 2004*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) **DPH Central Administration-Policy & Planning** – Request for approval of a contract modification with San Francisco Health Plan (SFHP) to increase the contract amount by $1,935,661, from $5,947,401 to $7,883,062, to provide universal health insurance services targeting San Francisco children, for the period of July 1, 2004 through June 30, 2005.
* *Contract summary*

(3.2) **CHN-Administration** – Request for approval of a modification to a sole source contract with the Regents of the University of California, (UCSF), to extend the contract term through June 30, 2005 and increase the compensation amount by $850,000, from $2,550,000 to $3,400,000, for the provision of tertiary care services targeting medically indigent adults, In-Home Supportive Service workers and San Francisco County Jail patients.
** Contract summary*

(3.3) **AIDS OFFICE–HIV Health Services** – Request for approval of a retroactive renewal contract with Mission Neighborhood Health Center, in the amount of $430,000, to provide early intervention services targeting uninsured HIV-positive Latino immigrants, at or below the poverty level, with a special focus on monolingual Spanish speakers, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring Report and Demographics*

(3.4) **PHP-BEHM** - Request for approval of a renewal contract with Onyx Environmental Services LLC in the amount of $325,000 to provide hazardous waste management and transportation services for the period of January 1, 2005 through June 30, 2007.
** Contract summary, Monitoring Report*

(3.5) **PHP-CHPP** – Request for approval of a retroactive sole source renewal contract with Booker T. Washington Community Services Center in the amount of $319,415 to provide logistical and administrative support services for the Seven Principles Project targeting African Americans for the period of September 30, 2004 through September 29, 2005.
** Contract summary, Monitoring Report*

(3.6) **PHP-CHPP** – Request for approval of a retroactive sole source renewal contract with the Regents of the University of California Family Health Outcomes Project in the amount of $201,600, to provide evaluation services to the Seven Principles Project for the period of September 30, 2004 through September 29, 2005.
** Contract summary, Monitoring Report*

(3.7) **PHP-CHPP** – Request for approval of a contract modification with San Francisco Study Center to provide fiscal agent services to administer State Office of Traffic Safety Mini-Grants to Community-Based Organizations for programs to prevent Driving Under the Influence (DUI) and programs to increase pedestrian safety, for the period of January 1, 2005 through December 31, 2006, for a total contract value of $201,600 for the contract term of January 1, 2004 through December 31, 2006.
** Contract summary, Monitoring Report*

(3.8) **BHS** – Request for approval of a retroactive renewal contract with Asian American Recovery Services in the amount of $3,260,560 per year to provide substance abuse services targeting men and women of Asian/Pacific Islander descent for a total contract amount of $9,781,679 for the period of July 1, 2004 through June 30, 2007.
** Contract summary, Monitoring Report and Demographics*

(3.9) **BHS** – Request for approval of a retroactive renewal contract with Bayview Hunters Point Foundation For Community Improvement, Inc. in the amount of $6,598,880 to provide substance abuse and mental health services targeting adults and children for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring Report and Demographics*

(3.10) **BHS** – Request for approval of retroactive renewal contract with Morrisania West, Inc. in the amount of $680,046 to provide day treatment substance abuse services targeting African American youth and young adults for the period of July 1, 2004 through June 30, 2005.
* *Contract summary, Monitoring Report and Demographics*

(3.11) **BHS** – Request for approval of a retroactive renewal contract with St. Vincent de Paul Society of San Francisco in the amount of $1,624,064 per year to provide substance abuse treatment and substance abuse/mental health shelter services targeting homeless adults for the period of July 1, 2004 through June 30, 2008, for a total contract amount of $7,055,091.
* *Contract summary, Monitoring Report and Demographics*

(3.12) **BHS** – Request for approval of a retroactive renewal contract with Walden House, Inc. in the amount of $8,930,989 to provide residential mental health and substance abuse treatment services for the period of July 1, 2004, through June 30, 2005.
* *Contract summary, Monitoring Report and Demographics*

(3.13) **BHS** – Request for approval to extend the term of the following San Francisco Mental Health Plan (managed care) contracts through fiscal year 2006/07. The contractors are group providers, organizational providers and interagency providers. The total amount of funding for all providers for fiscal year 2004/05 is estimated to be $3,093,839, for a total projected amount for all managed care contracts of $9,281,517 through fiscal year 2006/07. (The providers are: California Pacific Medical Center/Sutter Health; Catholic Healthcare West dba St. Mary's Medical Center/Sister Mary Philippa Clinic; Regents of the University of California Langley Porter Hospital and Clinics; St. Luke's Hospital/Sutter Health; Survivors International; Jewish Family and Children's Services; West Coast Children's Center; San Francisco General Hospital Psychosocial Medicine.)
* *Contract summary*

(3.14) **BHS** – Request for approval of a retroactive renewal contract with St. Vincent's School for Boys in the amount of $498,313 to provide mental health outpatient services for the period of July 1, 2004 through June 30, 2005.
* *Contract summary and Demographics*

(3.15) **CHN - SFGH** – Request for approval to accept and expend a grant from the Gordon and Betty Moore Foundation in the amount of $2,071,817 for an RN Internship Program at SFGH for the period of December 1, 2004 through November 30, 2007.
* *Memo, Grant Information Form and Program Budget*

4) **FOR DISCUSSION:**

DIRECTOR'S REPORT
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **FOR ACTION:**

CONSIDERATION OF A RESOLUTION URGING THE ACCEPTANCE OF FOOD ASSISTANCE AT THE ALEMANY FARMERS MARKET
(Rajiv Bhatia, M.D., Director, Environmental Health Section)
**Memo, Draft Resolution*

6) **FOR ACTION:** **PRESENTATION OF THE 2003 CHARITY CARE REPORT AND CONSIDERATION OF A RESOLUTION SUPPORTING REPORT RECOMMENDATIONS**
(Colleen Chawla, Deputy Director, Office of Policy and Planning)
**Report and Draft Resolution*

7) **FOR DISCUSSION:** **HOUSING AND HOMELESS ANNUAL REPORT**
(Marc Trotz, Director, Housing and Urban Health and Anne Kronenberg, Deputy Director of Health)
**Report*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $22,500, SCHINDLER ELEVATOR CORP. v. CITY AND COUNTY OF SAN FRANCISCO, SAN FRANCISCO SUPERIOR COURT No. 420-546

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

10) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $23,000, AUDREY EICHORN v. CITY AND COUNTY OF SAN FRANCISCO, USDC No. C03-2661 JSW

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

11) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $1,537,500, IN JOHN R. ULRICH, JR. v. CITY AND COUNTY OF SAN FRANCISCO, ET AL, USDC C99-05003 TEH

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

12) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance
The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html**

Menu

San Francisco Department of Public Health

Minutes of the Health Commission Meeting

Tuesday, December 7, 2004
at 3:00 p.m.
101 GROVE STREET
San Francisco, CA 94102

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1) CALL TO ORDER
The meeting was called to order by Commissioner Chow at 3:15 p.m.

Present:

- Commissioner Edward A. Chow, M.D., President
- Commissioner Roma P. Guy, M.S.W.
- Commissioner James M. Illig
- Commissioner Lee Ann Monfredini, Vice President
- Commissioner David J. Sanchez, Jr., Ph.D.
- Commissioner John I. Umekubo, M.D. – left at 6:05 p.m.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 16, 2004
Action Taken: The Commission approved the minutes of the November 16, 2004 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
Commissioner Sanchez chaired and Commissioner Guy and Commissioner Illig attended the Budget Committee meeting.

(3.1) DPH Central Administration-Policy & Planning – Request for approval of a contract modification with San Francisco Health Plan (SFHP) to increase the contract amount by $1,935,661, from $5,947,401 to $7,883,062, to provide universal health insurance services targeting San Francisco children, for the period of July 1, 2004 through June 30, 2005.
Commissioner Umekubo abstained from voting on this item.

(3.2) CHN-Administration – Request for approval of a modification to a sole source contract with the Regents of the University of California, (UCSF), to extend the contract term through June 30, 2005 and increase the compensation amount by $850,000, from $2,550,000 to $3,400,000, for the provision of tertiary care services targeting medically indigent adults, In-Home Supportive Service workers and San Francisco County Jail patients.
Commissioner Sanchez abstained from voting on this item.

(3.3) AIDS OFFICE–HIV Health Services – Request for approval of a retroactive renewal contract with Mission Neighborhood Health Center, in the amount of $430,000, to provide early intervention services targeting uninsured HIV-positive Latino immigrants, at or below the poverty level, with a special focus on

monolingual Spanish speakers, for the period of July 1, 2004 through June 30, 2005.

(3.4) PHP-BEHM - Request for approval of a renewal contract with Onyx Environmental Services LLC in the amount of $325,000 to provide hazardous waste management and transportation services for the period of January 1, 2005 through June 30, 2007.

(3.5) PHP-CHPP – Request for approval of a retroactive sole source renewal contract with Booker T. Washington Community Services Center in the amount of $319,415 to provide logistical and administrative support services for the Seven Principles Project targeting African Americans for the period of September 30, 2004 through September 29, 2005. Kelvin Carter, Executive Director of Booker T. Washington, said in the nine months since he's become the ED, he's seen a lot of changes. There has been board revitalization, a retreat, and he is looking forward to moving forward on this collaborative.

(3.6) PHP-CHPP – Request for approval of a retroactive sole source renewal contract with the Regents of the University of California Family Health Outcomes Project in the amount of $201,600, to provide evaluation services to the Seven Principles Project for the period of September 30, 2004 through September 29, 2005.

Commissioners' Comments

- Commissioner Guy would like a more detailed report on the outcomes and interventions at the Community Programs and Services Joint Conference Committee. Dr. Oliva from UCSF said she is prepared to present outcomes at the Commission's convenience. Commissioner Guy asked the Commission Secretary to work with the Department and UCSF to schedule this presentation.

Commissioner Sanchez abstained from voting on this item.

(3.7) PHP-CHPP – Request for approval of a contract modification with San Francisco Study Center to provide fiscal agent services to administer State Office of Traffic Safety Mini-Grants to Community-Based Organizations for programs to prevent Driving Under the Influence (DUI) and programs to increase pedestrian safety, for the period of January 1, 2005 through December 31, 2006, for a total contract value of $201,600 for the contract term of January 1, 2004 through December 31, 2006.

(3.8) BHS – Request for approval of a retroactive renewal contract with Asian American Recovery Services in the amount of $3,260,560 per year to provide substance abuse services targeting men and women of Asian/Pacific Islander descent for a total contract amount of $9,781,679 for the period of July 1, 2004 through June 30, 2007.

(3.9) BHS – Request for approval of a retroactive renewal contract with Bayview Hunters Point Foundation For Community Improvement, Inc. in the amount of $6,598,880 to provide substance abuse and mental health services targeting adults and children for the period of July 1, 2004 through June 30, 2005.

- Secretary's note – Jim Stillwell noted corrections to the contract summary (page

3.9.1). The annualized differences amounts are: General Funds - $302,591; Work Order - $367; Contract FTE – 3.23 (Prior Transaction FTE should read 77.05, rather than 102.55).
Karen Patterson Matthew, Executive Director of Bayview Hunters Point Foundation, said she hopes that the contract monitoring reports are able to become more current.

Commissioners' Comments

- Commissioner Illig asked why this contract is delayed five months. Jim Stillwell said that this is a very complex contract, but he agrees that contracts need to get to the Health Commission in a timelier manner. Commissioner Illig said the Department needs to present more current monitoring data when presenting contracts for approval.
- Commissioner Guy urged the agency to comply with the Fire Marshall's directive as soon as possible. She asked how the issues with the Jail Detoxification program would be addressed. Ms. Patterson Matthew said the move to a full time medical director would allow greater capacity for intakes. But there are other programmatic factors as well.

(3.10) BHS – Request for approval of retroactive renewal contract with Morrisania West, Inc. in the amount of $680,046 to provide day treatment substance abuse services targeting African American youth and young adults for the period of July 1, 2004 through June 30, 2005.

(3.11) BHS – Request for approval of a retroactive renewal contract with St. Vincent de Paul Society of San Francisco in the amount of $1,624,064 per year to provide substance abuse treatment and substance abuse/mental health shelter services targeting homeless adults for the period of July 1, 2004 through June 30, 2008, for a total contract amount of $7,055,091.

(3.12) BHS – Request for approval of a retroactive renewal contract with Walden House, Inc. in the amount of $8,930,989 to provide residential mental health and substance abuse treatment services for the period of July 1, 2004, through June 30, 2005.

Commissioners' Comments

- Commissioner Illig continued to express concerns about the monitoring information being from FY 2002-2003, even though the Department has been concerned about this agency. Gregg Sass, DPH CFO, said there is continuous monitoring of agencies throughout the year, and this is particularly the case with Walden House. Walden House provides monthly financial updates to him and has been very conscientious in communicating with him. Commissioner Illig will work with staff to implement the recommendations of the Mayor's Contracting Task Force.

(3.13) BHS – Request for approval to extend the term of the following San Francisco Mental Health Plan (managed care) contracts through fiscal year 2006/07. The contractors are group providers, organizational providers and interagency providers. The total amount of funding for all providers for fiscal year 2004/05 is estimated to be $3,093,839, for a total projected amount for all managed care contracts of

$9,281,517 through fiscal year 2006/07. (The providers are: California Pacific Medical Center/Sutter Health; Catholic Healthcare West dba St. Mary's Medical Center/Sister Mary Philippa Clinic; Regents of the University of California Langley Porter Hospital and Clinics; St. Luke's Hospital/Sutter Health; Survivors International; Jewish Family and Children's Services; West Coast Children's Center; San Francisco General Hospital Psychosocial Medicine.)
Commissioner Illig and Commissioner Umekubo abstained from voting on this item.

(3.14) BHS – Request for approval of a retroactive renewal contract with St. Vincent's School for Boys in the amount of $498,313 to provide mental health outpatient services for the period of July 1, 2004 through June 30, 2005.

(3.15) CHN - SFGH – Request for approval to accept and expend a grant from the Gordon and Betty Moore Foundation in the amount of $2,071,817 for an RN Internship Program at SFGH for the period of December 1, 2004 through November 30, 2007.
Action Taken: The Health Commission approved the Budget Committee Consent Calendar. Commissioner Illig abstained from voting on Item 3.13. Commissioner Sanchez abstained from voting on Item 3.2 and Item 3.6. Commissioner Umekubo abstained from voting on Item 3.1 and Item 3.13.
Item 3.6 was referred to the Community Programs and Service Joint Conference Committee for a detailed presentation on interventions and outcomes.

4) DIRECTOR'S REPORT
Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Mayor's State of Homelessness Address

Mayor Gavin Newsom today delivered his first state of homeless address to an overflow crowd here in this Health Commission hearing room this morning. The Mayor reiterated his strong commitment to "Housing First" as a cornerstone of his administration's focus on the chronically homeless and lauded the Department's Direct Access to Housing program as a national and international model of excellence. Among his announcements, the Mayor highlighted a new partnership with CBO's to provide permanent supportive housing for the 38 chronically homeless women of "Women's World." He is also dedicating 50 new stabilization units (coming on line tomorrow) and 75 new units of permanent supportive housing (coming on line next spring) to the Homeless Outreach Teams. Mayor Newsom indicated that he is moving away from the "Continuum of Care" model to the "Housing First" model. He will continue to emphasize immediate placement of individuals in permanent supportive housing with the wrap around services essential to help them stabilize and remain housed.

Mayor's Office Issues Budget Instructions

Last week, the Mayor issued an overview of the City's financial position and the instructions for the FY 2005-06 Budget. While the City's financial condition is improved assuming the mid-year reductions are made, a $345 million challenge remains over the next two fiscal years. This includes a $130 million shortfall in FY 2005-06.

Unlike in prior years, the Mayor has only issued targets for departments with less than $20 million in General Funds. The remaining ten departments, including DPH, are meeting with the

Mayor's Office over the next few weeks to define our financial issues for the budget year and come up with a target. Dr. Katz will keep the Health Commission informed of the progress.

Congress Passes Federal Budget with Earmarks for DPH

Late last month, Congress passed the FY 2005 omnibus appropriations bill. The portion of the bill funding the Departments of Labor, Health and Human Services, and Education (Labor-HHS) included $93.3 billion in mandatory spending and $143.3 billion in discretionary funding, a 2.8 percent increase over fiscal year 2004. Included in the federal budget were three earmarks for DPH:

- $1.5 million from the Center for Medicare and Medicaid Services for HIV/AIDS services provided to Medicare and Medicaid eligible populations;
- $1.5 million from the Substance Abuse and Mental Health Services Administration for supportive housing for persons with mental illness or substance abuse disorders; and
- $750,000 from the Department of Justice for supportive housing and services for recently released ex-offenders.

These funding opportunities are the result of the hard work and continued support of House Democratic Leader Nancy Pelosi. Dr. Katz offered the Department's sincerest appreciation to the Democratic Leader for her continued commitment to improving the health of San Franciscans.

Asthma Telemedicine Program

Yesterday, Mayor Newsom visited the Asthma Telemedicine Program (ATP) at Bret Harte Elementary School. The ATP has been an outstanding success. Eighty-three students from three elementary schools were able to participate this year. Twenty-five percent of these students were not even aware that they had asthma until DPH reached out to them. One hundred percent of students received a comprehensive evaluation including Spirometry, a consultation with an asthma expert via a telemedicine link, asthma education and a home visit. ATP has been able to communicate to all their primary care physicians the complete results of the evaluation and they are now assessing the impact of the program on our student's asthma health. This year, ATP will be able to offer the Asthma Telemedicine Program in eight schools. The Mayor's visit offered us the opportunity to highlight the importance of school-based programs for asthma care and the need for all of us in the asthma community to work more closely together.

Tommy Thompson Resigns

Last Friday, Secretary of Health and Human Services, Tommy Thompson, announced his resignation. Secretary Thompson is the eighth Cabinet member to resign since President Bush won reelection in November. A successor has not yet been named, though it has been reported that Center for Medicare and Medicaid Services Administrator Mark McClellan is the most likely successor.

Flu Vaccine Update

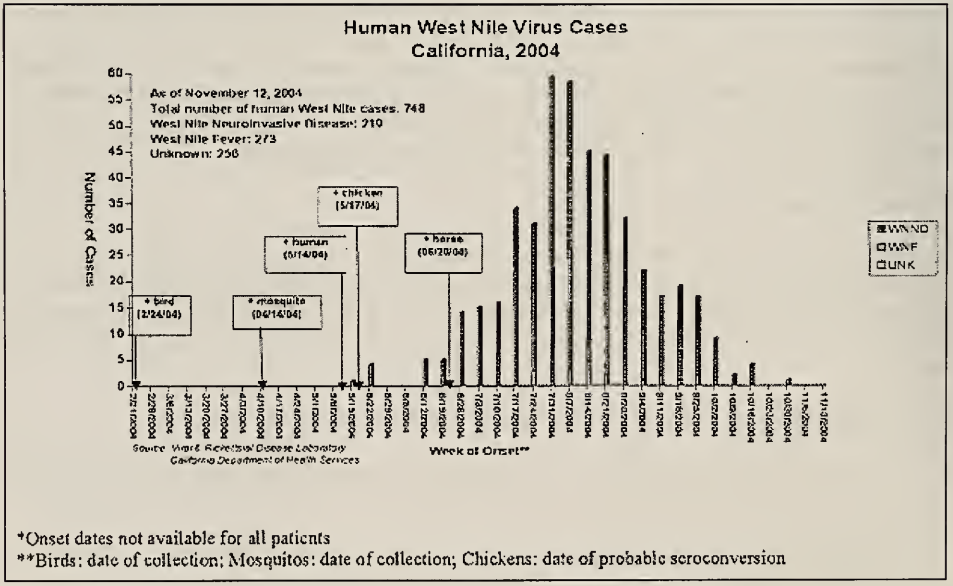
On Friday, Nov. 19th the CDPU staff, in partnership with St. Francis Hospital, facilitated a mass flu clinic utilizing Maxim Health Systems' nurses and "left-over" flu vaccine (Maxim is a private for profit organization). St. Francis provided appropriate space, staff and security. DPH staff made hundreds of calls over a two-day period to make people appointments, organized the logistical layout, and provided bi-lingual staff to assist during the clinic. A total of 712 mostly

elderly individuals were vaccinated over an 8-hour period. No one spent more than 30 minutes at the clinic. Dr. Katz is proud that DPH was able to ensure that excess Maxim vaccine was not redirected to other jurisdictions and was instead made available for more high risk San Franciscans. DPH has currently distributed all of the vaccine (20,930 doses) that was provided free of charge by the State. Additional vaccine is now available for purchase directly from distributors. However, all orders must come through DPH. DPH forwards all orders to the State, who is coordinating vaccine distribution with the federal Centers for Disease Control and Prevention. The provider community was alerted via fax that vaccine is available for purchase and so far DPH has submitted orders on behalf of over 160 San Francisco providers. The information and the order form are also available on the DPH website.

Restrictions on who is eligible for injectable flu vaccine remain in place. Healthy individuals, including health care workers, are encouraged to seek Flu Mist. The Adult Immunization Clinic at 101 Grove now has both Flu Mist (with no restrictions) and injectable vaccine available in their clinic. Flu Mist is $30 a dose; a shot is $20 per dose.

End of West Nile Virus Season

It is an axiom of public health that you know you've done a good job when nothing happens. Dr. Katz is therefore pleased to report that the West Nile Virus season has ended and San Francisco had no reported cases of this infection in humans. He thanked Dr. Rajiv Bhatia and the great staff of the Environmental Health Division as well as the other City departments that worked with DPH to coordinate the West Nile Virus Prevention plan including the Department of Public Works, the Recreation & Parks Department, the Public Utilities Commission, the Department of the Environment, and the Fire Department. Of course it is possible to have a case post season and of even greater concern is preventing human cases next year, given that this is the first year that we had documented West Nile Virus infections in birds.



*Onset dates not available for all patients
**Birds: date of collection; Mosquitos: date of collection; Chickens: date of probable seroconversion

JCAHO Mock Survey

SFGH spent six days in October and November preparing for their anticipated 2005 triennial accreditation by conducting a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) "mock" survey. Three consultants, all former JCAHO surveyors, conducted the survey using the new tracer methodology to assess the hospital's compliance to the recently revised JCAHO standards. Hiroshi Tokubo, Director for Quality Management, Lawrence Marsco, JCAHO/Regulatory Affairs Manager, members of the SFGH Executive Committee, and Quality Management staff worked closely with the consultants, escorting them as they traced the care and services of predetermined patients from the point of entry into the hospital (e.g. emergency department, clinic, SFBHC) to their inpatient unit. The mock survey was a useful exercise for the hospital. A summary of identified areas for improvement was presented at Management Forum and a strategic approach to ensure a successful 2005 survey will be the topic of discussion at future SFGH Executive Committee and Medical Executive Committee meetings.

Family Health Center Selected for the CAPH/SNI Chronic Care Learning Community Initiative

The Family Health Center is one out of nine ambulatory care clinics in the state selected to participate in the California Chronic Care Learning Communities (CCLC) initiative sponsored by the California Association of Public Hospitals and Health Systems/Safety Net Institute. Sites participate in learning sessions that provide chronic care and systems change tools to better manage chronic diseases in their patient population. Sites choose a project and disease focus and share their successes with other participants at the learning sessions. The Family Health Center will be focusing on improving management of diabetes mellitus through partnering with a community health center and expanding upon their diabetes registry. Chinatown Public Health Center, Silver Avenue Family Health Center, and Potrero Hill Health Center were also selected to participate.

Commissioners' Comments

- Commissioner Illig asked if there is any new information from the Mayor's Office about the mid-year budget cuts. Dr. Katz replied that he has no new information from the Mayor's Office, but when the Mayor presented his proposal to the Board of Supervisors, the full $15.5 million reduction to DPH was there. He has no specifics on particular programs, but he believes the Mayor will restore the two small programs the Health Commission recommended. There is currently a discussion about whether the $1.5 million earmark for HIV/AIDS services could be use to offset the budget cuts. There is room for some sort of compromise, but this issue has not yet been fully resolved. Two members of the Board of Supervisors have developed an alternative proposal that would restore some funding to DPH.
- Commissioner Chow asked for a status report on the Proposition 63 planning effort. Dr. Katz said the Department should know the approximate dollar amount in the next four weeks. The Department will do its best to have the most inclusive planning process. No money has been awarded yet.
- Commissioner Umekubo commended the Department for its faxed information to providers regarding the disease, as well as the resources that are available to pursue potential cases.
- Commissioner Chow said the fax program is an excellent method of communicating with medical providers in San Francisco.

5) CONSIDERATION OF A RESOLUTION URGING THE ACCEPTANCE OF FOOD ASSISTANCE AT THE ALEMANY FARMERS MARKET

Rajiv Bhatia, M.D., Director, Environmental Health Section, presented this item. Farmers markets are important outlets for low-income residents since they can provide high quality produce for reasonable prices. The Alemany Farmers Market is an especially important food resource for low-income and ethnic minority San Franciscans since it is located in the southeast sector of the City where a large number of food assistance recipients reside. This market, which is run by the City and County of San Francisco, has been reluctant to implement the technology necessary to accept food assistance, which is now in the form of electronic benefits transfers. Dr. Bhatia announced that the Alemany Farmers Market is now administered by the Department of Real Estate, and DPH has been successful in working with them to agree to address the barriers and implement a program to allow food assistance to be accepted at Alemany Farmers Market.

Action Taken: The Commission approved Resolution 24-04, "Urging the Acceptance of Food Assistance at the Alemany Farmers Market," (Attachment A).

6) PRESENTATION OF THE 2003 CHARITY CARE REPORT AND CONSIDERATION OF A RESOLUTION SUPPORTING REPORT RECOMMENDATIONS

Anne Kronenberg, Deputy Director of Health, overviewed the process that was used to develop this report. At the Commission's urging, the Department formed a work group that worked collaboratively on the preparation of the report. She thanked the work group participants for their support and looks forward to continuing this process next year.

Colleen Chawla, Deputy Director, Office of Policy and Planning presented the 2003 Charity Care Report. She reminded the Commission that the Charity Care Ordinance, which was enacted in 2001, requires nonprofit hospitals to do two things: report to DPH specific information on charity care services; and notify patients of their charity care policies.

To prepare for this report, in the summer of 2004, DPH convened a Charity Care Working Group that was comprised of all of the reporting hospitals, the Hospital Council, SEIU Local 250 and the Consumers Union.
Charity Care Data

- 110,545 patients received charity care in FY 2003. This was an increase of 8,800 from the previous year.
- 111,924 services were provided. This was down 4,500 from the previous year but up 40,000 from FY 01
- The vast majority of charity care services are outpatient
- Total charity care expenditures were $69,528,589

All reporting hospitals submitted copies of their charity care policies pursuant to the Charity Care Ordinance. Earlier this year, San Francisco's nonprofit hospitals adopted the voluntary charity care guidelines put forward by the California Healthcare Association. These voluntary guidelines call for the provision of free care for patients with incomes at 200 percent of the federal poverty limit or below. In addition, some San Francisco hospitals have adopted charity care policies that are more generous than the voluntary guidelines. These new policies will be reflected in the fiscal year 2004 charity care summary report.

The nonprofit reporting hospitals (excluding Kaiser) received corporate and property tax benefits valued at approximately $64.7 million in FY 2003. The report shows that in every case except St. Luke's, the tax benefit that reporting hospitals derive as a result of their nonprofit status exceeds the level of charity care provided.

The FY 2003 Charity Care Report includes highlights of an array of innovative community benefits programs hospitals provide to improve health in the community.

Ms. Chawla also described the Public Health Institute's Demonstration Project "Advancing the State of the Art in Community Benefit." The goal of this project is to implement institutional reforms to enhance the use of charitable resources to address unmet health needs in local communities. Participation in this project is one of the report's recommendations.

Recommendations

- Hospitals should pursue innovative approaches to increase the provision of outpatient charity care to residents of the following high-risk neighborhoods: Bayview/Hunters Point, Potrero Hill; Tenderloin, Civic Center; Bernal Heights, Mission.
- The Department and the San Francisco hospital community should work closely with the Public Health Institute and review the feasibility of implementing the institutional reforms recommended in the Advancing the State of the Art in Community Benefit demonstration project.
- The Department should continue to work with San Francisco's nonprofit hospitals and the Department of Human Services to provide hospitals with the information they need to deem as eligible for charity care patients on public assistance.
- The Charity Report Working Group should continue its discussions in an effort to improve and increase the provision of charity care to low-income and uninsured San Franciscans.

Public Comment

- Jason Beers, from Operation Access, which is a group of doctors and nurses that volunteer their time to serve the uninsured, congratulated the volunteers and hospitals that work with the program and welcomed more participants.
- Jessica Rothaar, Health Access, strongly supports the concept of charity care as defined in the San Francisco ordinance. She commended the report as very useful, and Health Access supports the Report's recommendations and would like to be included in the Charity Care Working Group.
- Terry Giovannni, Director of Community Health Programs at CPMC, commended DPH staff for reaching out to the hospital community. The working group provides a wonderful venue to discuss the important issue of access to health care. San Francisco has structural issues that have to be addressed. He fully endorses the recommendations of this report and the Public Health Institute's recommendations.
- Jim McCaughey, Vice President of Planning at CPMC, said CPMC endorses the report's recommendation. The 2003 numbers represent a substantial policy change in terms of the provision of charity care. CPMC is working actively on the first recommendation to increase access of care outside of the emergency room and outside of the walls of the hospital.
- Ron Smith, Hospital Council, thanked DPH for the inclusive process. It provided a full opportunity for hospitals to be able to provide input. There are problems in preventive, pre-hospital care than must be addressed, and he welcomes the continuation of the Working Group as a venue for further discussions.
- Abby Yant, Saint Francis Hospital, thanked DPH for providing this inclusive process. This laid the groundwork for future discussions. The hospitals want to be sure that the limited resources they have are directed in a way that make the most sense. St. Francis is honored to be part of the Public Health Institute's demonstration project.
- Fred Seavey, SEIU Local 250, thanked DPH for its work. The facts continue to show a system design problem in San Francisco whereby the majority of charity care is provided by a few hospitals while other hospitals that do not provide much charity care still get substantial

tax breaks. We need to strengthen the accountability measures.

- Jeffrey Sterman, Kaiser Permanente, explained that Kaiser is a different animal, but does not want to turn away from its charity care duties. Kaiser provides a lot of different community benefits programs. Mr. Sterman, in response to Commissioner Chow's questions, clarified that the number of visits included in the Charity Care report are unreimbursed patients.
- Jim Hickman, president of the St. Luke's Hospital Foundation, said the hospital is proud to be a major provider of charity care in San Francisco.
  Barry Lawler, director of Community Health at St. Mary's Medical Center, said the working group was a good process. The Sister Mary Phillipa Clinic is now a partner with DPH and serves the same clients.
- Kieran Flaherty, UCSF Governmental Relations, said the working group was a very good process and the recommendations will be brought to the UCSF leadership.

Commissioners' Comments

- Commissioner Monfredini said the Commission is extraordinarily pleased with the quality of the report. She thanked the hospitals for sending representatives, respecting this process and becoming partners.
- Commissioner Chow acknowledged the hospitals that participated voluntarily. He asked Gene O'Connell to give her perspective on the process. Ms. O'Connell said this year has been a turning point in terms of collaborating with other hospitals. The collaboration with St. Mary's and St. Francis, as well as the work on the African American Health Disparity project, are all wonderful programs.
- Commissioner Illig said this is an excellent report and is an outcome of the collaboration the Health Commission has requested. Including community benefits makes sense. He is concerned that including SFGH in the report skews the data, and he would like to see a table that compares the hospitals without SFGH. He is concerned that some hospitals do not have outpatient clinics, but utilize other mechanisms to provide these services. Ms. Chawla said that in her view if a hospital provides outpatient medical care, whether they provide it themselves or pay for someone else to provide it, falls under the definition of charity care. Commissioner Illig said that individual physicians should get credit for unreimbursed care that they provide.
- Commissioner Guy echoed the appreciation to the hospitals and the quality of the report. The recommendations are strong and clear. She appreciates the evolution of the ordinance. The intent of the ordinance is the social contract with the community, and this should remain the framework. MediCal reimbursement is a real issue, but it is a different question and may or may not be appropriate in the context of the Charity Care Ordinance. The work group should look is issue.
- Commissioner Umekubo said the problem of the uninsured is everyone's problem—public and private—and should be addressed collaboratively. The working group is a springboard to develop other proposals. One recent collaborative success is the McMillan Sobering Center. He hopes that there is another tangible example in the near future.
- Commissioner Sanchez thanked the Department for the quality report. The data is very useful and important for planning efforts. He thanked the hospitals for committing to continued dialogue.

Action Taken: The Commission approved Resolution 25-04, "Supporting Recommendations Contained in the Fiscal Year 2003 Charity Care Report," (Attachment B).

7) HOUSING AND HOMELESS ANNUAL REPORT

Marc Trotz, Director, Housing and Urban Health and Anne Kronenberg, Deputy Director of Health, presented the Housing and Homeless Annual Report. Ms. Kronenberg said that ending homelessness is a top priority for the City and for DPH. DPH is one of the largest homeless service providers in San Francisco, and homeless people are high utilizers of health services.

San Francisco's Ten Year Plan to End Chronic Homelessness includes the following elements:

- Phase down of shelters/transitional housing in favor of permanent housing
- Ensure that support services are linked to housing
- Provide nutritional support
- Develop prevention/intervention linked to jail and hospital discharge
- Coordinate City resources and expand Housing Authority role
- Provide employment/training opportunities.

Ms. Kronenberg said the Ten Year Plan dovetails nicely with the DPH Strategic Plan in that it is a harm reduction model, includes partnerships with local, regional and national organization, requires collaboration across the Department, and focuses on outcomes-based services and prevention.

The Plan uses the National Alliance to End Homelessness Framework of preventing new households from becoming homeless (Closing the Front Door), providing effective interventions for people currently homeless and providing immediate access to housing so people can exit homelessness (Opening the Back Door).

Ms. Kronenberg gave a few examples of the myriad programs DPH provides to "Close the Front Door:"

- Community Health Promotion & Prevention Services – Community Empowerment Center, Black Infant Health Improvement Program, Tobacco Free Project;
- SRO Task Force
- SRO Collaboratives
- CBHS Treatment Services
- Health at Home

Marc Trotz discussed DPH's approach to "Opening the Back Door:"

- Direct Access to Housing program - nine sites with 583 units.
- Placement & Discharge Planning
- Project Homeless Connect

Services for Currently Homeless

- Community Behavioral Health Services – Homeless Outreach Team, AB 2034 Permanent Housing Program
- Primary Care – New Housing and Urban Health Clinic, Tom Waddell Health Center/Other clinics, McMillan Stabilization Center
- Hospital Services – San Francisco General Hospital, Laguna Honda Hospital, San Francisco Behavioral Health Center.

Emerging Issues

- Changes to the Section 8 Housing Program. There is a major push by the current administration to make significant changes and the Department needs to keep an eye on this. If there are large changes to the program, there will be another wave of people sliding into

homelessness.

- Samaritan Act – The goal of this legislation is to end chronic homelessness through coordinated provision of housing, health care, mental health and substance abuse services and other services. If authorizing legislation passes, DPH HUH will likely get an allocation
- Ten Year Plan Implementation – many key recommendations are already being implemented

Recommendations

- Medical Respite – the city continues to need a large-scale respite program that would include 75 to 100 beds of semi-private sleeping spaces along with comprehensive on-site medical and behavioral health services.
- Expansion of the Homeless Outreach Team – it is clear that the team needs additional outreach workers to establish an effective citywide presence.
- Expansion of permanent housing placement – there needs to be a steady flow of housing units targeted to this population.

Commissioners' Comments

- Commissioner Guy appreciates the fact that the 10-year homeless plan has been seamlessly integrated into the DPH plan. The discharge relationship in the DPH continuum of care is critical to success, as are the independent living units that will be built at Laguna Honda Hospital.
- Commissioner Illig thanked staff for the comprehensive report. He asked if HUH works with CBHS contractors that provide residential treatment services to prevent them from evicting clients. Mr. Trotz said the Department is still in the process of wresting control back from the network of residential mental health and substance abuse services, but progress is being made. It is critical that DPH controls these units in terms of access, evictions and other issues.
- Commissioner Umekubo asked what the federal government's responsibility is in terms of homeless veterans. Mr. Trotz said the ICH (Interagency Council on Homelessness) grant, which was a combination of federal agencies, would target this. This is will be a groundbreaking collaboration with the Veterans Administration.
- Commissioner Sanchez asked if there is any creative thinking from other institutions, such as the Presidio Trust and the Treasure Island facility, to provide additional housing for this population. Mr. Trotz said Swords to Plowshares did one project at the Presidio, but he is not hopeful that there will be other opportunities. A lot of has been done on Treasure Island with 400 homeless units on the island. But there is a lot of potential housing stock in San Francisco.
- Commissioner Monfredini asked what services are available for people who are one paycheck away from homelessness. She does not want this population to get lost. Mr. Trotz said there are a number of programs provided by the Department of Human Services that help this population. But there are not enough resources for things like eviction prevention.
- Commissioner Chow asked if SROs are considered permanent housing and what changes, if any, can be made to these units. Mr. Trotz said that even during difficult times the City has not lost one SRO unit. The SRO Collaboratives are funded through the Department of Building Inspection.

8) PUBLIC COMMENT/OTHER BUSINESS

None.

9) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B)Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez) voted to hold a closed session.

The Commission went into closed session at 6:05 p.m. Present in closed session were Commissioner Chow, Commissioner Guy, Commissioner Illig, Commissioner Monfredini, Commissioner Sanchez, Dr. Mitch Katz, Director of Health, Gene O'Connell, SFGH Hospital Administrator, Alison Moed, R.N., Director, Risk Management, Mark Lipton, Deputy City Attorney, Don Margolis, Deputy City Attorney, Jonathan Lee, Deputy City Attorney, Karen Kirby, Deputy City Attorney and Michele Olson, Health Commission Executive Secretary.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $22,500, SCHINDLER ELEVATOR CORP. v. CITY AND COUNTY OF SAN FRANCISCO, SAN FRANCISCO SUPERIOR COURT No. 420-546

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez) approved the settlement of Schindler Elevator Corp. v. City and County of San Francisco in the amount of $22,500.

D) Reconvene in Open Session

The Commission reconvened in open session at 6:10 p.m.

Possible report on action taken in closed session (Government Code Section 54957.1 (a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez) voted not to disclose discussions held in closed session.

10) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez) voted to hold a closed session.

The Commission went into closed session at 6:10 p.m. Present in closed session were Commissioner Chow, Commissioner Guy, Commissioner Illig, Commissioner Monfredini, Commissioner Sanchez, Dr. Mitch Katz, Director of Health, Gene O'Connell, SFGH Health Administrator, Alison Moed, R.N., Director, Risk Management, Don Margolis, Deputy City Attorney, Jonathan Lee, Deputy City Attorney, Karen Kirby, Deputy City Attorney and Michele Olson, Health Commission Executive Secretary.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $23,000, AUDREY EICHORN v. CITY AND COUNTY OF SAN FRANCISCO, USDC No. C03-2661 JSW

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez) approved the settlement of Audrey Eichorn v. City and County of San Francisco in the amount of $23,000.

D) Reconvene in Open Session

The Commission reconvened in open session at 6:22 p.m.
Possible report on action taken in closed session (Government Code Section 54957.1 (a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez) voted not to disclose discussions held in closed session.

11) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez) voted to hold a closed session.

The Commission went into closed session at 6:22 p.m. Present in closed session were Commissioner Chow, Commissioner Guy, Commissioner Illig, Commissioner Monfredini, Commissioner Sanchez, Dr. Mitch Katz, Director of Health, Jonathan Lee, Deputy City Attorney, Karen Kirby, Deputy City Attorney and Michele Olson,

Health Commission Executive Secretary.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $1,537,500, IN JOHN R. ULRICH, JR. v. CITY AND COUNTY OF SAN FRANCISCO, ET AL, USDC C99-05003 TEH

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez) approved the settlement of John R. Ulrich, Jr. v. City and County of San Francisco, et al, in the amount of $1,537,500.

D) Reconvene in Open Session

The Commission reconvened in open session at 6:30 p.m.

Possible report on action taken in closed session (Government Code Section 54957.1 (a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez) voted not to disclose discussions held in closed session.

12) ADJOURNMENT

The meeting was adjourned at 6:30 p.m.

Michele M. Olson, Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting.
Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

DPH Home

Any questions, comments, or suggestions pertaining to this site may be directed to the DPH Webmaster

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Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
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John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, December 21, 2004
at
3:00 p.m.
CARR AUDITORIUM*
San Francisco General Hospital
22nd Street at Potrero Avenue
San Francisco, CA 94110

PLEASE NOTE CHANGE IN MEETING LOCATION

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:20 P.M. AT CARR AUDITORIUM.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 7, 2004**
**Minutes of the meeting of December 7, 2004*

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3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) **AIDS Office-HIV Prevention** - Request for approval of the FY 2005-2006 Federal Centers for Disease Control and Prevention (CDC) – HIV Prevention Services six (6) month contract extensions for a combined total of $1,431,474 for the period of January 1, 2005 through June 30, 2005 with the following agencies:

Ark of Refuge, Inc.	$88,292
Asian Pacific Islander Wellness Center (APIWC)	$206,348
CAL-PEP	$83,348
Glide Foundation	$143,155
ICHO	$163,855
Instituto Familiar de la Raza	$190,072
Mission Neighborhood Health Center	$71,351
Mobilization Against AIDS International	$213,569
St. James Infirmary	$51,335
Shanti Project	$151,335
Walden House	$68,814
TOTAL:	**$1,431,474**

* *Contract summary, List of agencies, List of Boards of Directors*

(3.2) **AIDS Office-HIV Prevention** - Request for approval of four FY 2005-2006 Federal Centers for Disease Control and Prevention (CDC) – HIV Prevention Services six-month contract renewals with the Regents of the University of California – San Francisco (UCSF) for a combined total of $635,572 for the period of January 1, 2005 through June 30, 2005 with the following programs:

Department	Service Description	6 Month Amt
UCSF – AIDS Health Project	Prevention Provider Trainings	$73,000
UCSF – AIDS Health Project	HIV Counseling & Testing	$237,258
UCSF – Stonewall	HIV Prevention Services Targeting BRP's	$52,555
UCSF – Urban Health Study	HIV Prevention Services Targeting BRP's	$272,759
	TOTAL:	**$635,572**

* *Contract summary, Information pages on Regents of the University of California*

(3.3) **PHP-Housing & Urban Health** – Request for approval of a new contract with Episcopal Community Services, in the amount of $210,180, to provide supportive housing services at the Folsom-Dore Apartments, targeting homeless adults, for the period of January 1, 2005 through September 30, 2005.
* *Contract summary*

(3.4) **PHP-AB 75 Program** - Request to authorize adoption of the County Description of Proposed Expenditures of the California Healthcare for Indigents (CHIP) Program Funds for Fiscal Year 2004-2005.
* *Calendaring memo, Description of Program, Financial Detail pages*

(3.5) **PHP-Occupational and Environmental Health** - Request for approval to accept and expend retroactively a performance agreement in the amount of $63,887.65, from the California Department of Food and Agriculture, for the detection of the Glassy Winged Sharp Shooter and the inspection and prevention of Pierce's Disease, for the period of July 1, 2004 to June 30, 2005.
* *Calendaring memo, Grant information form, Budget page*

(3.6) **PHP-Community Health Epidemiology and Disease Control** - Request for approval to accept and expend retroactively a grant in the amount of $910,514, from the Centers for Disease Control and Prevention, to develop the means to provide oral medications to 100 percent of the San Francisco population within 48 hours in the event of a catastrophic bio-terrorism event for, the period of August 31, 2004 through August 30, 2005, and a contract with the San Francisco Study Center, in the amount of $622,150, for the period of January 1, 2005, through August 30, 2005.
* *Calendaring memo, Grant information form, Budget pages*

(3.7) **BHS-Mental Health** – Request for approval of a retroactive new contract with Lincoln Child Center, in the amount of $154,627, to provide children's mental health services, for the period of July 1, 2004 through June 30, 2005.
* *Contract summary*

(3.8) **CHN/SFGH-Medical Staff Services** – Request for approval of a contract renewal with CheckPoint Credentials Management Services, in the amount of $210,000, to provide credential verification services, on an as-needed, supplementary basis, of clinicians who provide patient care at San Francisco General Hospital, Laguna Honda Hospital and the Community Health Network primary care clinics, for the period of February 1, 2005 through January 31, 2008.
* *Contract summary, Monitoring report summary*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF DECEMBER**
**List of Awardees*

6) **FOR DISCUSSION:** **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT, 2003-2004**
(Anne Kronenberg, Deputy Director of Health, and Frances Culp, Senior Health Program Planner, Policy and Planning)
**Annual Report*

7) **FOR DISCUSSION AND ACTION:** **APPROVAL OF SAN FRANCISCO GENERAL HOSPITAL ADMINISTRATIVE POLICIES AND PROCEDURES: HOSPITAL PLAN FOR PROVISION OF PATIENT CARE, IN-PATIENT UTILIZATION REVIEW PROGRAM, PERFORMANCE IMPROVEMENT AND PATIENT SAFETY PROGRAM, EMPLOYEE PERFORMANCE AND COMPETENCY REPORT, AND ENVIRONMENT OF CARE (EOC) SAFETY ANNUAL REPORT**
(Gene O'Connell, Executive Administrator, SFGHMC)
* *Reports, Policies and Procedures*

8) **FOR DISCUSSION AND ACTION:** **APPROVAL OF AMENDMENTS TO THE GOVERNING BODY BYLAWS**
(Kathy Murphy, Deputy City Attorney, CHN)
**Governing Body Bylaws*

9) **PUBLIC COMMENT/OTHER BUSINESS****

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy
San Francisco General Hospital Carr Auditorium is wheelchair accessible through the elevator at the main entrance on 22nd Street. There is a direct link phone located at the elevator for those who require assistance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html**

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, December 21, 2004
at
3:00 p.m.
CARR AUDITORIUM
San Francisco General Hospital
22nd Street at Potrero Avenue
San Francisco, CA 94110

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:00 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Lee Ann Monfredini, Vice President
Commissioner Roma P. Guy, M.S.W.
Commissioner James M. Illig
Commissioner David J. Sanchez, Jr., Ph.D.

Absent: Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 7, 2004

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez) approved the minutes of the December 7, 2004 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Guy and Commissioner Illig attended the Budget Committee meeting.

(3.1) **AIDS Office-HIV Prevention** - Request for approval of the FY 2005-2006 Federal Centers for Disease Control and Prevention (CDC) – HIV Prevention Services six (6) month contract extensions for a combined total of $1,431,474 for the period of January 1, 2005 through June 30, 2005 with the following agencies:

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	TOTAL:	**$635,572**

Commissioner Sanchez abstained from voting on this item.

(3.3) **PHP-Housing & Urban Health** – Request for approval of a new contract with Episcopal Community Services, in the amount of $210,180, to provide supportive housing services at the Folsom-Dore Apartments, targeting homeless adults, for the period of January 1, 2005 through September 30, 2005.

> Secretary's note – At the request of DPH staff, this contract was continued to the next Health Commission meeting.

(3.4) **PHP-AB 75 Program** - Request to authorize adoption of the County Description of Proposed Expenditures of the California Healthcare for Indigents (CHIP) Program Funds for Fiscal Year 2004-2005.

(3.5) **PHP-Occupational and Environmental Health** - Request for approval to accept and expend retroactively a performance agreement in the amount of $63,887.65, from the California Department of Food and Agriculture, for the detection of the Glassy Winged Sharp Shooter and the inspection and prevention of Pierce's Disease, for the period of July 1, 2004 to June 30, 2005.

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Secretary's Note – a corrected Contract Summary Form is included in the Health Commission file. The "Findings and Commendations" section now reads: *Checkpoint is a mature and responsible contractor. The volume of work sent to this vendor has been minimal during the past 12 months because SFGH and LHH MSS staffs have been able to keep up with medical staff new applications and reappointments because there has been no turnover in the staff. Also, it was anticipated that the MSS credentialer at LHH would be laid off with the LHH new applications and reappointment files having to be sent to the vendor. This did not occur as a result of the credentialer's position being saved.*

Action Taken: The Health Commission (Chow, Guy, Illig, Monfredini, Sanchez) approved the Budget Committee Consent Calendar, with Commissioner Sanchez abstaining from voting on Item 3.2.

Item 3.3 was continued to the next Health Commission meeting.

4) DIRECTOR'S REPORT

Proposition 63 Task Force

Yesterday, Mayor Newsom held a press conference to announce the formation of a task force to draft the City's plan to guide use of state Proposition 63 funds. As you know, Proposition 63, called the Mental Health Services Act, passed last November and is intended to "expand mental health services" in California. Locally, it is expected to provide as much as $50 million annually to expand services for the mentally ill. Mayor Newsom is looking to Prop 63 as an opportunity for the city to move forward with its "Housing First" policy while helping the most vulnerable – and visible – homeless. The task force will be led by Barbara Garcia, DPH's Deputy Director of Health for Community Programs, and will comprise representatives from the private sector, the public sector, non-profit providers, mental health consumers, and other stakeholders. Task force members will oversee the planning process, helping to determine service priorities.

Newly Re-emerging STD Infection

This morning's Chronicle reported on the re-emergence of lymphogranuloma venereum, or LGV, a form of chlamydia. The Department's STD Branch has noted a minor but growing number of cases (8 to date) of LGV among men who have sex with men (MSM). This particular strain infects the lymphatic system and, if left untreated, can cause scarring of the genitals and colon and produce swelling and bursting of lymph glands near the groin. These scars may interfere with normal functions of the urinary or gastrointestinal system and lead to severe illnesses or rarely, death. Treatment involves a three-week course of antibiotics. The new infections follow recent reports of a large outbreak (92 cases) among MSM in the Netherlands and additional cases in Belgium, France, Sweden, and Atlanta, Georgia. We are advising all healthcare providers to treat all cases of rectal chlamydia with a three-week regimen of antibiotics. DPH's STD Branch will continue to monitor this infection closely.

Twila Brown Named Interim Director of Maternal Child Health

Dr. Katz is pleased to announce that Twila Brown, Director of Children's Medical Services, will be assuming the position of Interim Director of Maternal Child Health following the retirement of Mildred Crear on December 3, 2004. Twila brings with her a wealth of talents and experience in children, women and family health, including 9 years with the San Francisco Department of Public Health. Twila began her career at Children's Hospital in Oakland and worked over 20 years for the Alameda County Health Department in Nursing and Program Administration. She was a Nurse Practitioner at Juvenile Hall for four years. Twila has been recognized in the community for her collaboration and family advocacy efforts and was recognized as one of California's top nurse administrators in 2001.

Community Health Network San Francisco General Hospital – Credentials Report

DECEMBER
Health Commission - Director of Health Report
(From 12/13/04 MEC and 12/14/04 JCC)

	12/04	07/04 to 12/04
New Appointments	17	117
Reinstatements	0	0
Reappointments	27	198
Delinquencies:		0
Reappointment Denials:		0
Resigned/Retired:	8	91
Disciplinary Actions		0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	7	43
Voluntary Relinquishments	0	24
Proctorship Completed	26	51

Current Statistics – as of 12/1/04	
Active Staff	446
Affiliate Professionals (non-physicians)	182
Courtesy Staff	538
TOTAL MEMBERS	1,166

Applications In Process	21	
Applications Withdrawn Month of December 2004	0	5 (07/04 to 12/04)
SFGH Reappointments in Process Jan. 2005 to Apr. 2005	167	

Commissioners' Comments

- Commissioner Illig asked what the relationship is between the Mayor's Proposition 63 Task Force and the group that has already been meeting under CBHS. Dr. Katz said the CBHS group held preliminary meetings, but going forward there would be one process spearheaded by the Mayor's Task Force. Commissioner Illig asked if the first year of money has to be spent on certain things. Dr. Cabaj replied that in February the City would get an allocation of pre-start up planning money. The second wave of money will probably come in April or May 2005, which can be used for data, education and capital investment. Clinical dollars will come in October 2005. It is this last allocation that the Mayor would like directed toward supportive housing.

- Commissioner Guy asked for clarification about the Proposition 63 planning process, and if any recommendations would come before the Health Commission. Dr. Cabaj said Barbara Garcia would set guidelines, based on guidelines issued by the State in January. The City is currently developing an application process for people who would like to serve on the planning committee. The plan will go to the Health Commission for review, as well as to the Mental Health Board. They are also proposing to have numerous public forums.

- Commissioner Illig asked for a budget update, and specifics about the $6 million restoration to mid-year budget cuts. Dr. Katz said that a number of proposed cuts got restored, including Shanti Lifelines Case Management for Breast Cancer, NICOS anti-gambling initiative, all of the previously CARE funded HIV advocacy programs, the general fund funded AIDS Foundation program cut was partially restored, all staff in Tom Waddell, physician at Castro Mission, and the Health Educator at Chinatown Health Center.

- Commissioner Chow suggested that the press release on the newly re-emerging STD infection should also be sent to all practitioners in San Francisco.

5) **PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF DECEMBER**

Commissioner Monfredini presented the Employee Recognition Awards for the month of December.

Team Awardee #1	Division	Nominated By
SF Behavioral Health Center Work Group - Sharon McCole Wicher - Alex Anagnos - Linda Sims - Ernestina Carrillo - Fred Alexander - Kathy Jung - Hiroshi Tokubo - Lawrence Marsco - Greg Griffa - Bob Thomas - Louise Houston	SFGH Behavioral Health	Gene O'Connell and Sue Currin

Team Awardee #2	Division	Nominated By
SFGH Bed Control Task Force - Terry Dentoni - Jay Kloo - Jerry Forquell - Suzanne Rosales - Carmel Gallagher - Jan Allison - Kjeld Molvig - Tina Lee	SFGH	Gene O'Connell and Sue Currin

6) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT, 2003-2004**

Anne Kronenberg, Deputy Director of Health, and Frances Culp, Senior Health Program Planner, Policy and Planning, presented the Department of Public Health's Annual Report for Fiscal Year 2003-2004.

Year in Review Highlights

- Successful McMillan Stabilization Project pilot
- Revised outpatient prescription benefits, saving DPH $2.9 million
- Peer support through Community Behavioral Health Services
- New 90-unit Empress Hotel, which opened in October 2003
- MHRF Blue Ribbon Committee
- Gun Violence Prevention, Response, Aftercare and Recovery Work Group

- Needs assessment for Bayview-Hunters Point residents regarding HIV services
- Renovation of SFGH's Cardiac Catheter Laboratory
- Developed project to allow food stamp recipients to shop at farmer's markets
- First Emergency Medical Technician training in Bayview Hunters Point
- Grand opening of the Avon Comprehensive Breast Center, May 2004
- Developed ways to reduce the use of restraints and prevent falls at Laguna Honda Hospital

Ms. Culp said that the Department is proposing to present the Annual Report to the Health Commission in August or September so that the information is more current.

Commissioners' Comments

- Commissioner Illig asked that copies of the annual report be available to DPH contractors. Dr. Katz said he would have hard copies of the annual report produced using the discretionary funds from the San Francisco Public Health Foundation.

- Commissioner Chow asked that NICOS and Project Open Hand be added to the list of contractors that do business with DPH.

- Commissioner Guy would like to reconsider the idea of having the Health Status Report included in the Annual Report. The data that this report provides gives a wonderful context for the Annual Report. Ms. Kronenberg that the Department lost the staff person who did the Health Status Report, due to a general fund cut. The thought is that the Department could do a Health Status Report every three or four years, since mortality data does not change significantly on a year-to-year basis. Commissioner Guy emphasized that epidemiology is important to public health, and wants to make sure that this is not lost.

- Commissioner Chow said future reports could include references to various data reports, be they done by DPH or other entities. In addition, highlights should also cover the important public health work that is done. There needs to be a balance, and an acknowledgement that reduced staff resources have an impact on doing these kinds of reports.

- Commissioner Sanchez said San Francisco is blessed with exceptional medical training institutions that might be able to collect data that is germane to DPH, as we are limited in our ability to do this in-house.

7) APPROVAL OF SAN FRANCISCO GENERAL HOSPITAL ADMINISTRATIVE POLICIES AND PROCEDURES: HOSPITAL PLAN FOR PROVISION OF PATIENT CARE, IN-PATIENT UTILIZATION REVIEW PROGRAM, PERFORMANCE IMPROVEMENT AND PATIENT SAFETY PROGRAM, EMPLOYEE PERFORMANCE AND COMPETENCY REPORT, AND ENVIRONMENT OF CARE (EOC) SAFETY ANNUAL REPORT

Gene O'Connell, Executive Administrator, SFGHMC, presented an overview of San Francisco General Hospital.

Clinical Accomplishments 2003-2004

- Opened the Avon Comprehensive Breast Center. Annually, will increase by 5,000 the numbers of mammograms to underserved women.
- Received transfer of the Mammovan from UCSF, and secured a grant from Avon Foundation to fund the operation of the van for two years
- Renovated the Cardiac Catheter Laboratory and furnished it with the latest equipment
- Fulfilled one of the recommendations of the Mayor's MHRF Blue Ribbon Committee by establishing and opening the Mental Health Rehabilitation Center. Submitted application for the Adult Residential Facility.
- Acquired an Ophthalmology Van to provide services to patients of the community clinics
- Expanded Urgent Care Clinic services from 38.5 hours a week to 74 hours a week
- Fully complied with the new requirements regarding maximum intern hours

SFGH Goals: FY 2004-2005

- Improve staff retention and recruitment
- Assess and re-design processes and resources to maintain operational efficiency
- Maintain favorable variances to budget for both patient revenue and operating expenses
- Improve access to outpatient and diagnostic services
- Complete Level 1 Trauma Center verification and designation approval process
- Plan and design air medical access for SFGH
- Plan for the replacement hospital
- Participate in the transition to a single DPH information system
- Ensure patient placement at the appropriate level of service within the continuum of care
- Meet all regulatory standards and regulations

Valerie Ng, M.D., Chief of Staff at SFGH, presented Medical Staff highlights for 2004. Many members of the Medical Staff received national, state and local honors. Medical Staff issues include a chronic shortage of space, money and personnel. Yet commitment to the clients and patients of SFGH remains undiminished. Medical Staff Advocacy resulted in, among other things:

- Mobile Eye Van
- Methadone Van
- Avon Comprehensive Breast Center
- SF Hearts Campaign
- Disparities in Health Care for African Americans project
- Week of the Uninsured

Sue Currin, Chief Nursing Officer, presented the Hospital Plan for Provision of Care. The purpose of the plan is to define organization-wide processes and activities that maximize coordination and provision of care. Revisions to the policy are: updated demographics of community served; updated financial mix of outpatient and emergency visits, inpatient discharges; revised Scope of Service statement with updated stats on beds, census, visits,

discharge days, active and courtesy members of the medical staff; and updated organizational chart and provided FY 04-05 SFGH goals.

John Luce, M.D., PIPS committee chair, presented the Performance Improvement and Patient Safety Program (PIPS) and the Inpatient Utilization Program. The purpose of PIPS is to promote and define an organization-wide process for performance improvement in patient care, decreasing medical errors and enhancing patient safety. The change to the policy is that Attachment A, the SFGH Patient Safety Plan, was completely rewritten to comply with 2004 JCAHO patient safety requirements. The Inpatient Utilization Review Program is designed to promote and support quality patient care and increase effective and efficient utilization of available facilities and services. Changes to the policy:

- Acute Medical-Surgical – Change in the mix of staff-"Utilization Review Coordinator' replaced "Case Manager"
- Psychiatry – Plan completely revised to reflect current practices, definitions/criteria and procedures implemented to improve patient flow
- Skilled Nursing Facility – changed "MHRF" to "SFBHC"

Kathy Jung, Assistant Administrator, presented the Environment of Care Safety Management Program. The intent of the program is to provide a safe and effective environment of care for patients, visitors, volunteers and staff in accordance with organizational and regulatory requirements.

Rod Auyang, Human Resources Manager, presented the Employee Performance and Competency Report. The purpose, in accordance with Title XXII and JCAHO, is to: provide assessment of staff competency; identify training needs; describe educational programs; describe levels of competence, patterns, trends, competency maintenance activities; report staff competency to the Governing Body and SFGH leadership. Between 98% and 99.2% of employee performance evaluations meet or exceed standards. Staff that received ratings of "unmet standards" are not permitted to provide direct patient care unless closely supervised or have shown improvement to the extent of not compromising patient safety. The FY 03-04 campus-wide clinical competencies were patient safety, emergency response and infection control. Changes to New Employee Orientation are presentation on trauma, presentation on patient safety, national patient safety goals, performance improvement and risk management, emergency responses to fire and disaster preparedness and emergency response.

Commissioners' Comments

- Commissioner Illig asked if SFGH has had difficulty meeting the nursing ratios. Ms. O'Connell said it was a challenge but SFGH has been able to meet them. The new ratios that were to take effect in January 2005 would have been a real challenge.

- Commissioner Sanchez is proud to serve with people who provide such quality, compassionate services.

- Commissioner Chow noted that SFGH has maximized revenues, and the General Fund allocation funds only 20 percent of expenditures.

- Commissioner Guy said that SFGH staff and leadership, in partnership with UCSF, have really met the challenge of shrinking resources. She appreciates and respects what they

do. She is interested in hearing specific concerns and impacts of further reductions. Ms. O'Connell replied that one major concern is the underfunding over the past three to four years of capital improvements and maintenance. The other concern is the recent reduction to the UC contract, which is already underfunded.

- Commissioner Illig appreciates the opportunity to continually learn about SFGH. He asked if SFGH has information on patient satisfaction and employee satisfaction. Ms. O'Connell said that, with regard to patient satisfaction, the hospital participates in the PEP-C survey. Mr. Tokubo added that the hospital is currently participating in a study with Stanford University where all physicians and housestaff and 10 percent of other staff will be surveyed. Commissioner Illig asked how the hospital measures cultural competency. Mr. Tokubo said it is measured on a number of levels, and the hospital has served as a national model. Commissioner Illig would like SFGH and the entire department to be held to the same reporting standards as the contract agencies are held to.

- Commissioner Guy noted that the administrative cuts to the Department would impact the ability to do things like cultural competency.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez) approved the revisions to the San Francisco General Hospital Administrative Policies and Procedures.

8) APPROVAL OF AMENDMENTS TO THE GOVERNING BODY BYLAWS

Kathy Murphy, Deputy City Attorney, CHN, presented proposed amendments to the Governing Body Bylaws for San Francisco General Hospital. The Governing Body Bylaws specific to SFGH are required for accreditation purposes. It is a single document that sets forth Charter provisions relating to the size of the Governing Body, how members are appointed, the length of their terms and how vacancies are filled. The proposed amendments update this document and reflect current areas of emphasis by JCAHO. Additionally, modifications were made consistent with the Dr. Katz's recent changes to the Joint Conference Committees.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez) amended Article IV, Section 3, paragraph N, to read: "To annually evaluate the Hospital's performance in relation to its vision, mission and goals."

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez) amended Article IX, Section 4, removing the part of the title that read "are not public."

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez) approved the Governing Body Bylaws, as amended.

9) PUBLIC COMMENT/OTHER BUSINESS

None.

10) **ADJOURNMENT**

The meeting was adjourned at 5:20 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

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